

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Hannington Richardson Adams

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	mar	18	Age		4
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	None	Where Residing If not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Willie R. Adams	Father's Birthplace			Md
Mother's Maiden Name	Manie M. Ellison	Mother's Birthplace			Md
Name of person giving Information	Willie R. Adams	How related to deceased			Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

Inanition

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

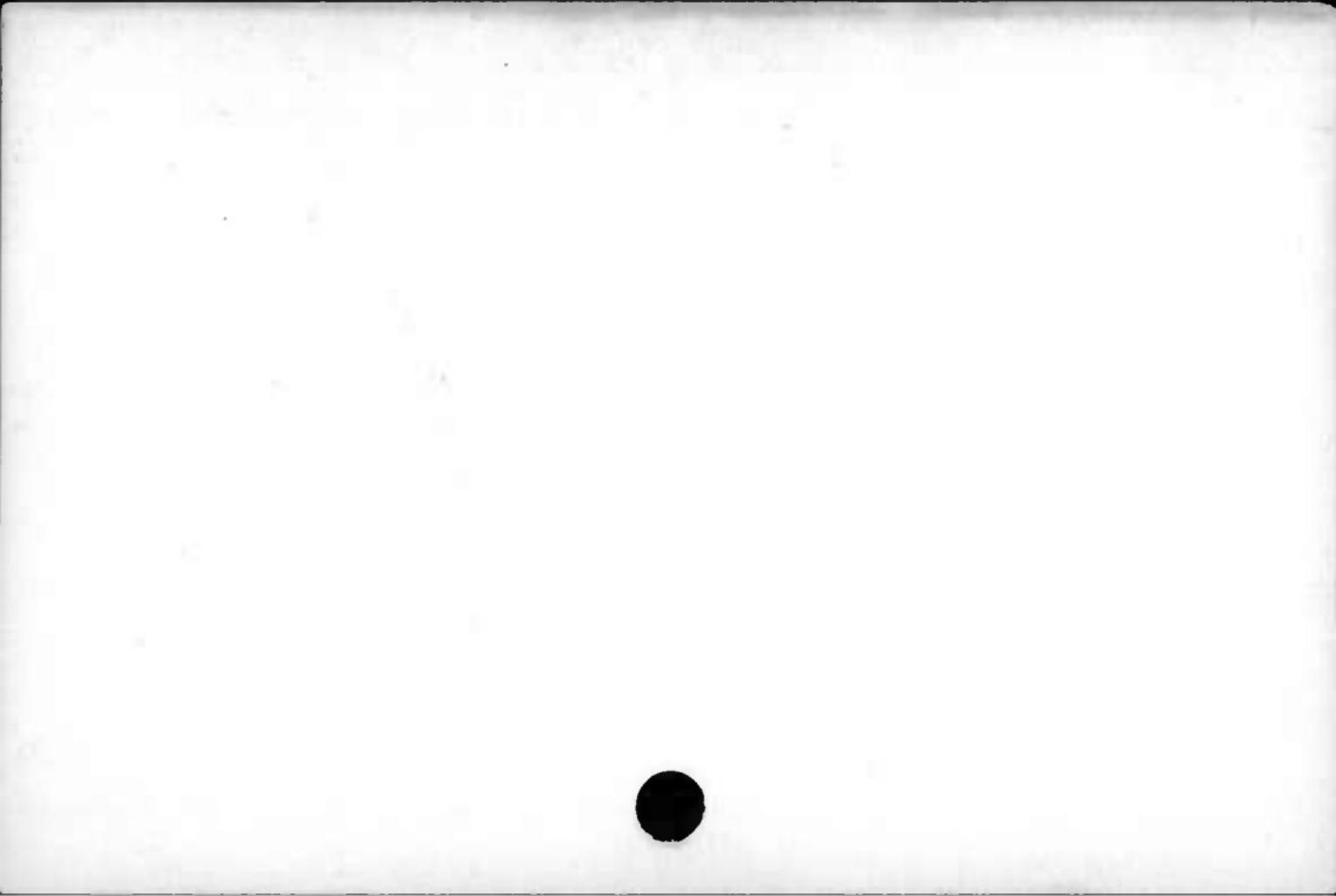
yes

Signature of Physician

Address

E. A. Jones
Florham.

Accident or Suicide?



Name
in
Full

Norman Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	5 15
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John A. Adams	Father's Birthplace	Md
Mother's Maiden Name	Olivea Travess	Mother's Birthplace	Md
Name of person giving information	John A. Adams	How related to deceased	Father.
CAUSES OF DEATH			
Primary	Capillary Bronchitis	How long	90
Immediate	Cardiac Failure	How long	3 wks.

PHYSICIAN
OR CORONER

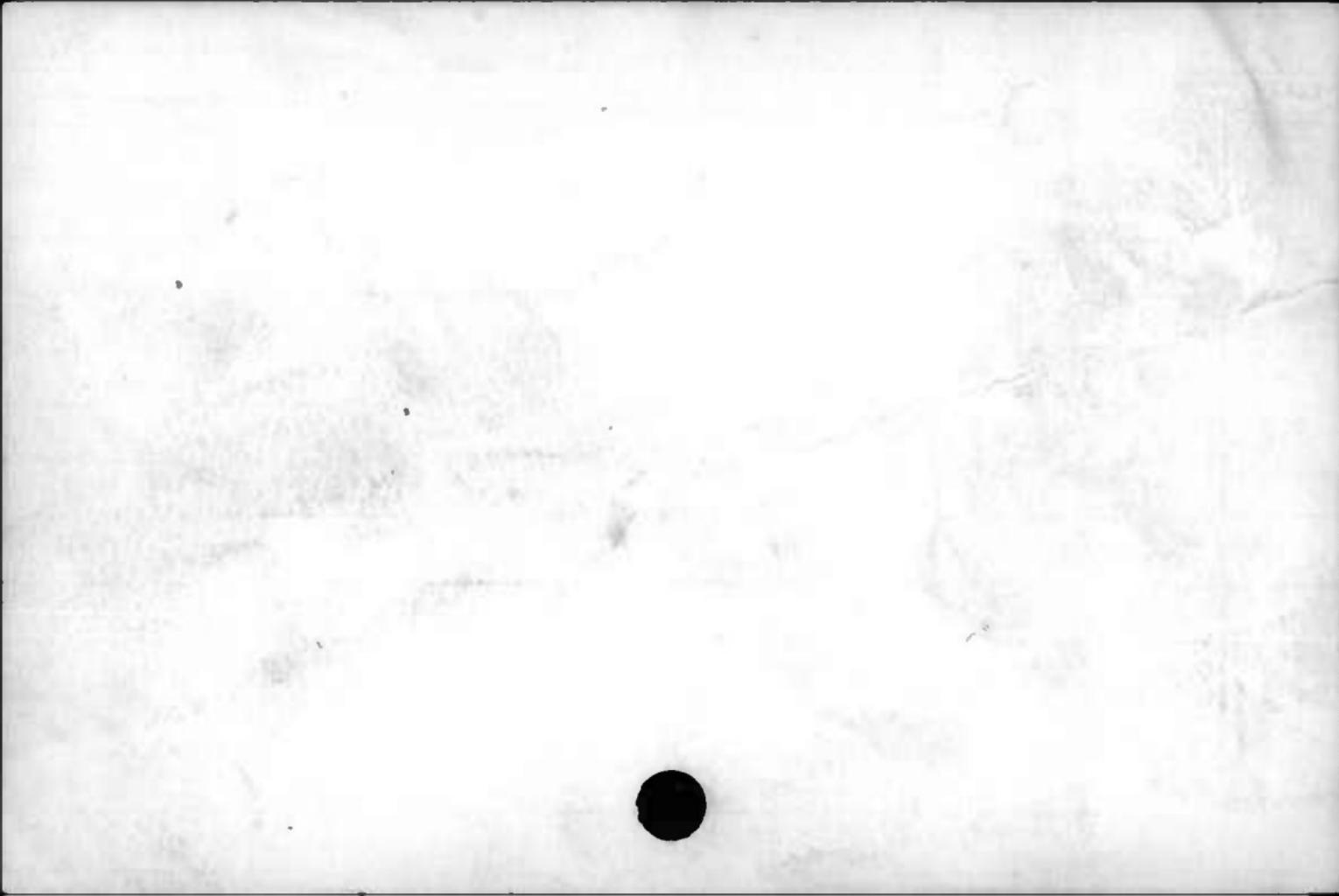
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Joe K. Shriver Jr.
Taylor's Island
Md.



Name
in
Full

William L. Applegarth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Laura Applegarth			
Father's Name	Geo A Applegarth				
Mother's Maiden Name	Ann Lambdin	Ma			
Name of person giving information	Laura Applegarth				
CAUSES OF DEATH					
Primary	Angina pectoris				
Immediate	(80) How long				

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

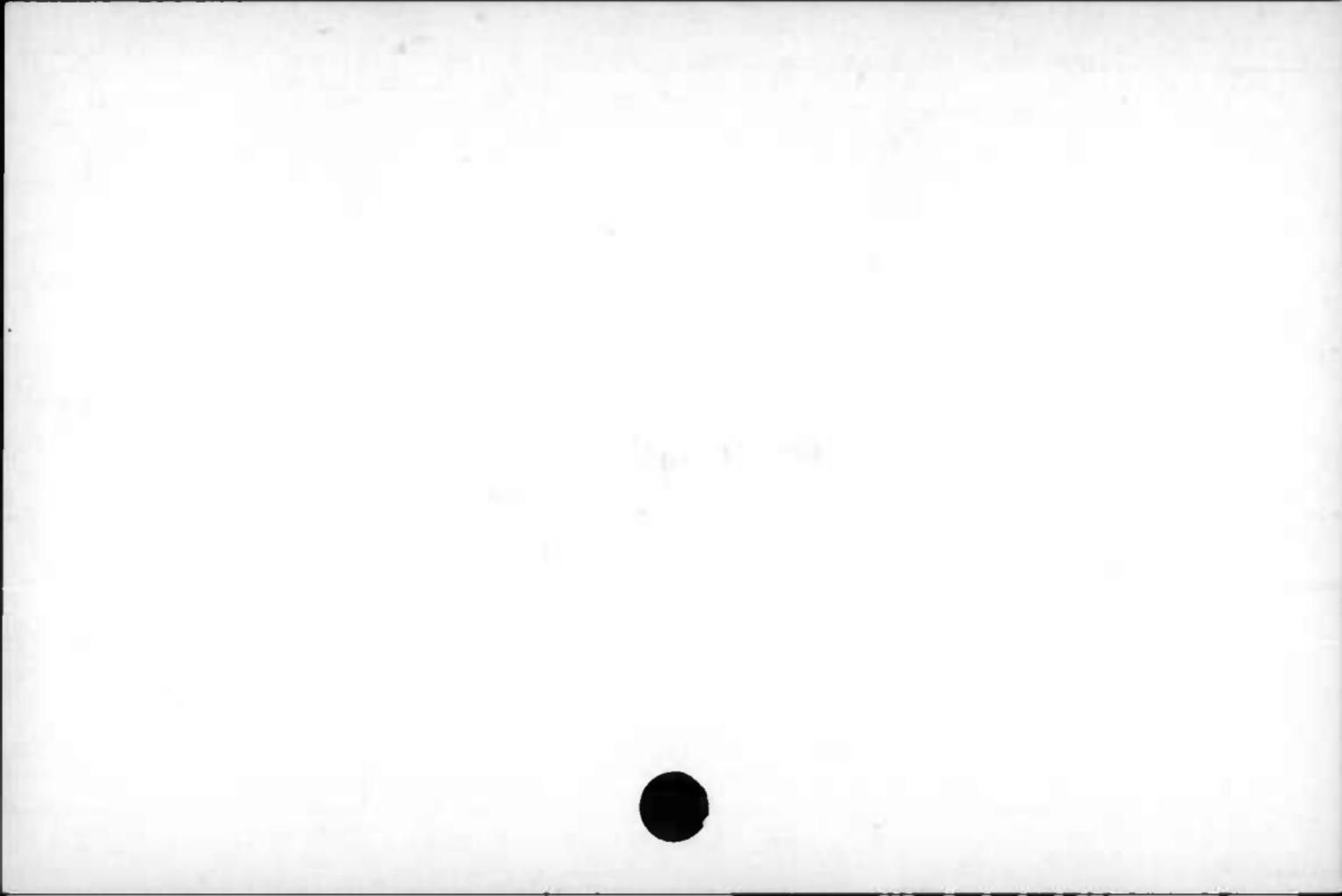
Address

S A Stokes

R # 6 # 5

Accident or Suicide?

✓ Cambridge Md



Name
in
Full

Lauetta Boggs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birthplace	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Edward Boggs		Father's Birthplace	Norchester Co
Mother's Maiden Name	Emma Jarvis		Mother's Birthplace	Norchester Co
Name of person giving information	Emma Jarvis		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Broncho Pneumonia

Immediate Heart Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Exter C. Reynolds M.D.

Address

Cambridge, Md.

Accident or Suicide?

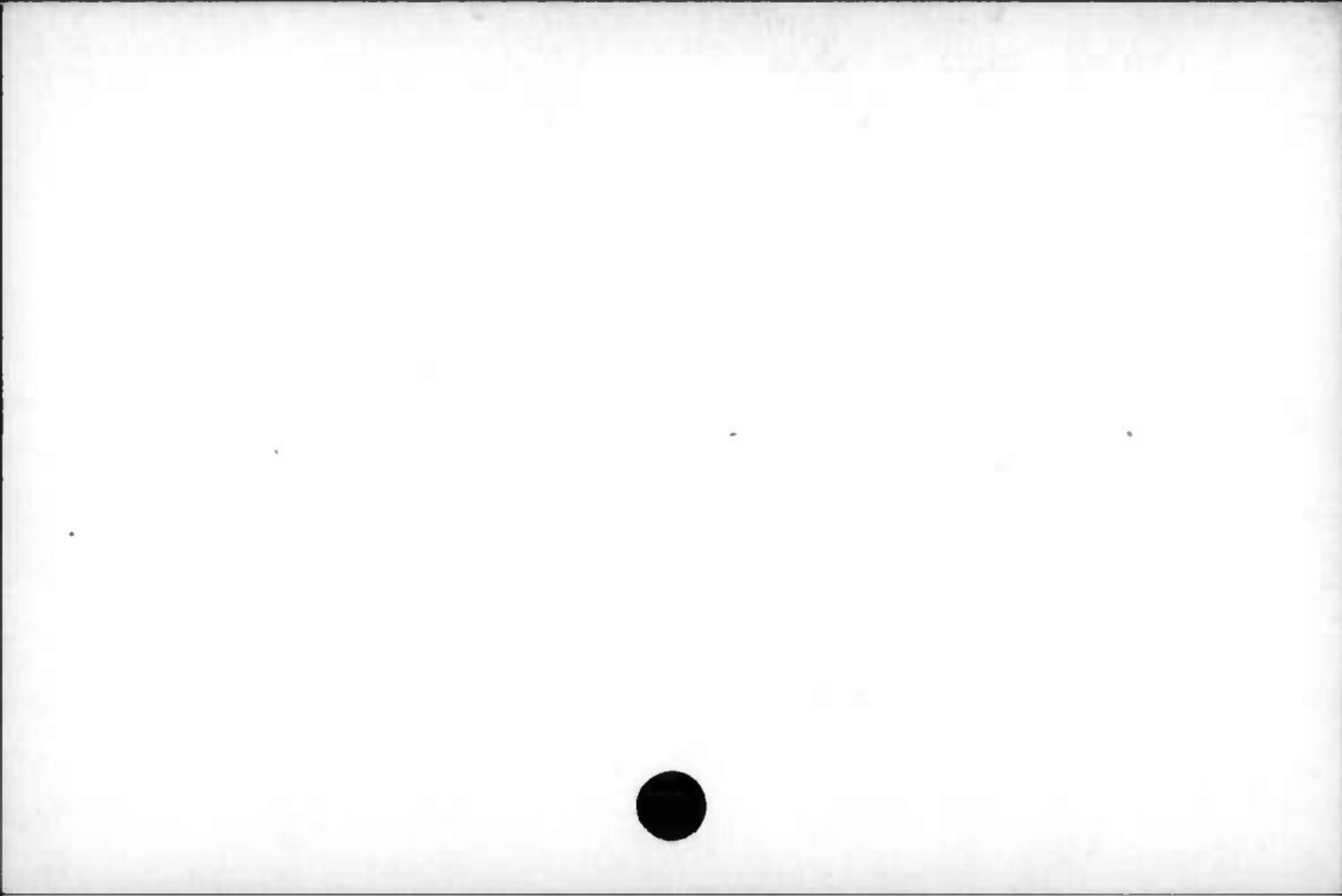
92

How long

One week

How long

Two days



Name
in
Full

Maria M. Bowdell

CERTIFICATE OF DEATH

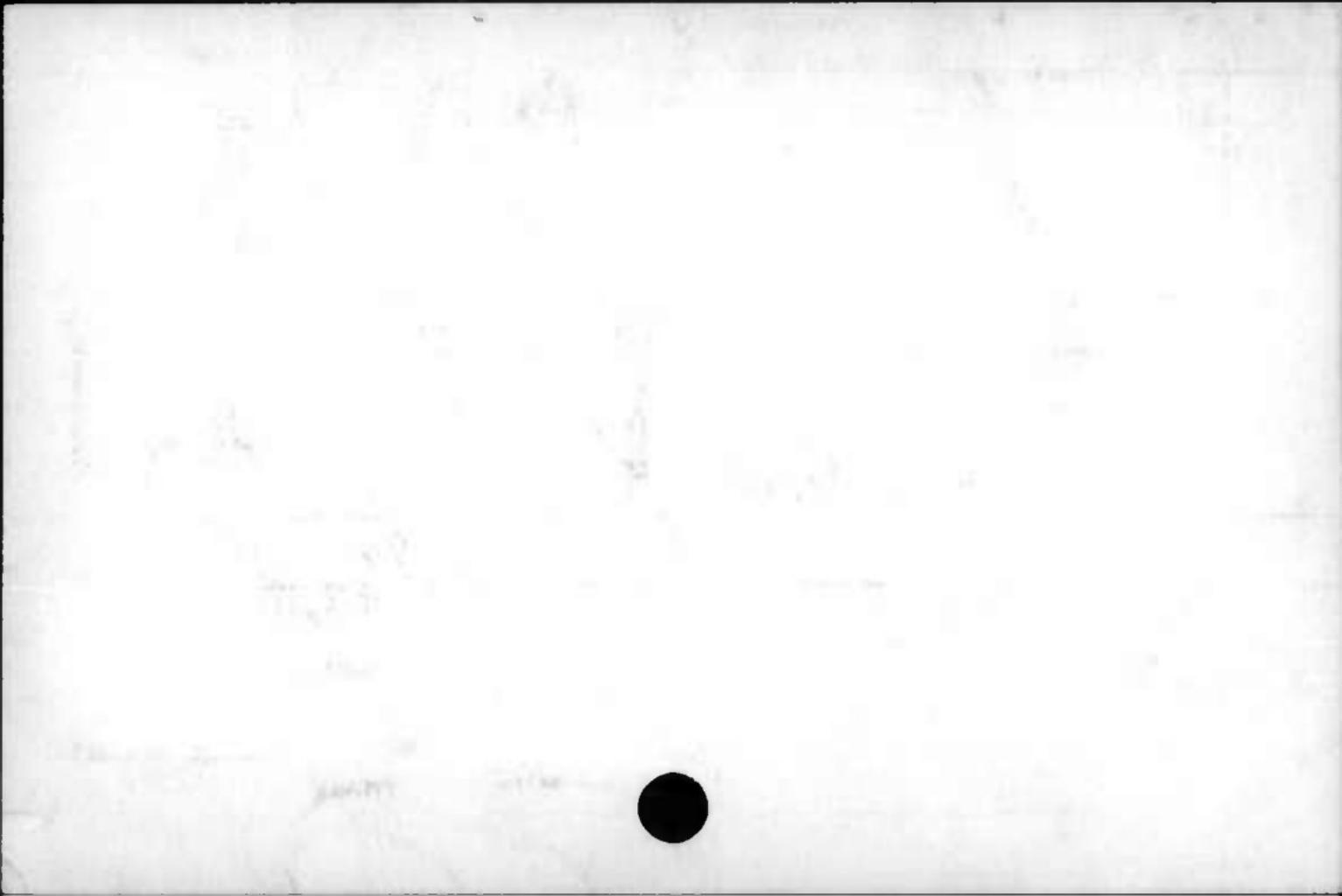
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		Town	Baltimore		County	MARYLAND		
Date of death 1907	Month 3	Day 6	Age 82	Years	Months 2	Days 7		
Sex Female	Color or Race white	Birth-place Baltimore, Md.						
Occupation Housewife		Where Residing if not at place of death						
Married, Single or Widowed	Undivorced	Name of Wife or Husband	Wm. Mullikin					
Father's Name							Father's Birthplace Baltimore, Md.	
Mother's Maiden Name							Mother's Birthplace Baltimore, Md.	
Name of person giving Information	W. L. Bowdell						How related to deceased Son	

CAUSES OF DEATH

97

PHYSICIAN OR CORONER	Primary	Bronchial Asthma Senility		How long 25 years
	Immediate	Gradual Exhaustion		How long —
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Guy Steele	
			Address	Cambridge Md.
Accident or Suicide?				



Name
In
Full

William Seven Bradley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Near Town Died at		Dorchester County		MARYLAND						
Date of death	1907	Month	3	Day	9	Years	76	Months	6	Days
Sex	Male	Color or Race	White	Birth- place	unknown					
Occupation	Farmer.		Where Residing if not at place of death	near Hagerstown						
Married, Single or Widowed	Single	Name of Wife or Husband	Elizabeth Bradley.							
Father's Name	Thomas Bradley		Father's Birthplace	unknown						
Mother's Maiden Name	Bertha Miller		Mother's Birthplace	unknown						
Name of person giving Information	G. J. Franklin		How related to deceased							

CAUSES OF DEATH

120

How long

How long

PHYSICIAN
OR CORONER

Primary

Hypertension

Immediate

Hypertensive cerebral
gas

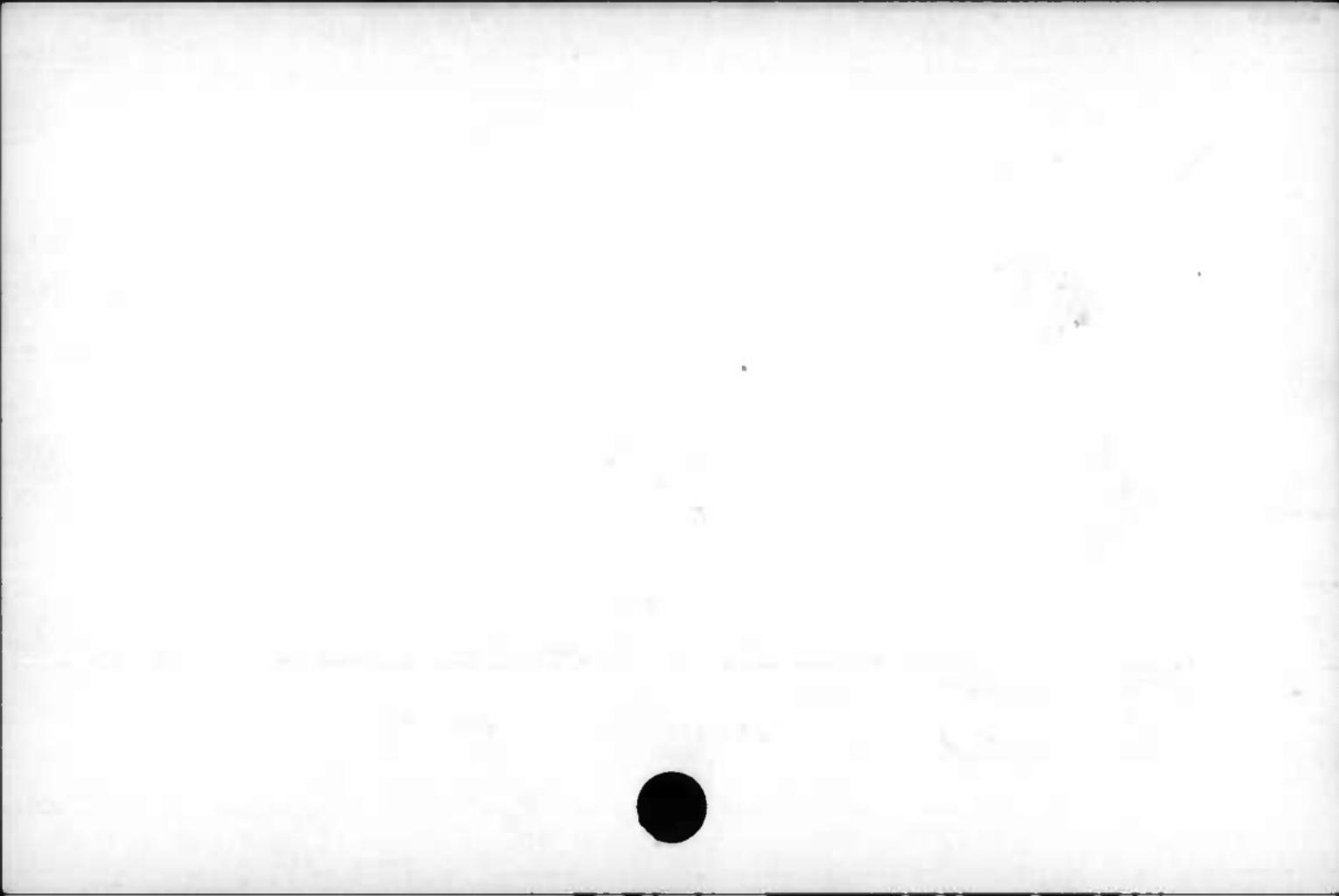
Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

Geo. F. Glazebrook
St. Michaels, Md.

Accident or Suicide?



Name
in
Full

Philip Emory Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Dorchester			County		MARYLAND	
Died at	Milton	Month	March	Day	27 th	Years	—
Date of death	1907	Age	—	Months	6	Days	—
Sex	Male	Color or Race	Col.	Birth-place	Dor. Co. Md.		
Occupation	Infant	Where Residing if not at place of death					
Married, Single or Widowed	Infant	Name of Wife or Husband	Infant	Father's Birthplace	Dor. Co. Md.		
Father's Name	John Brown			Mother's Birthplace	Dor. Co. Md.		
Mother's Maiden Name	Phoebe Saunders			Name of person giving Information	How related to deceased	None	
Howard Richardson							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pleurisy

94

How long

Don't know

Immediate

Are the name, age, sex, color, date and place correctly given above?

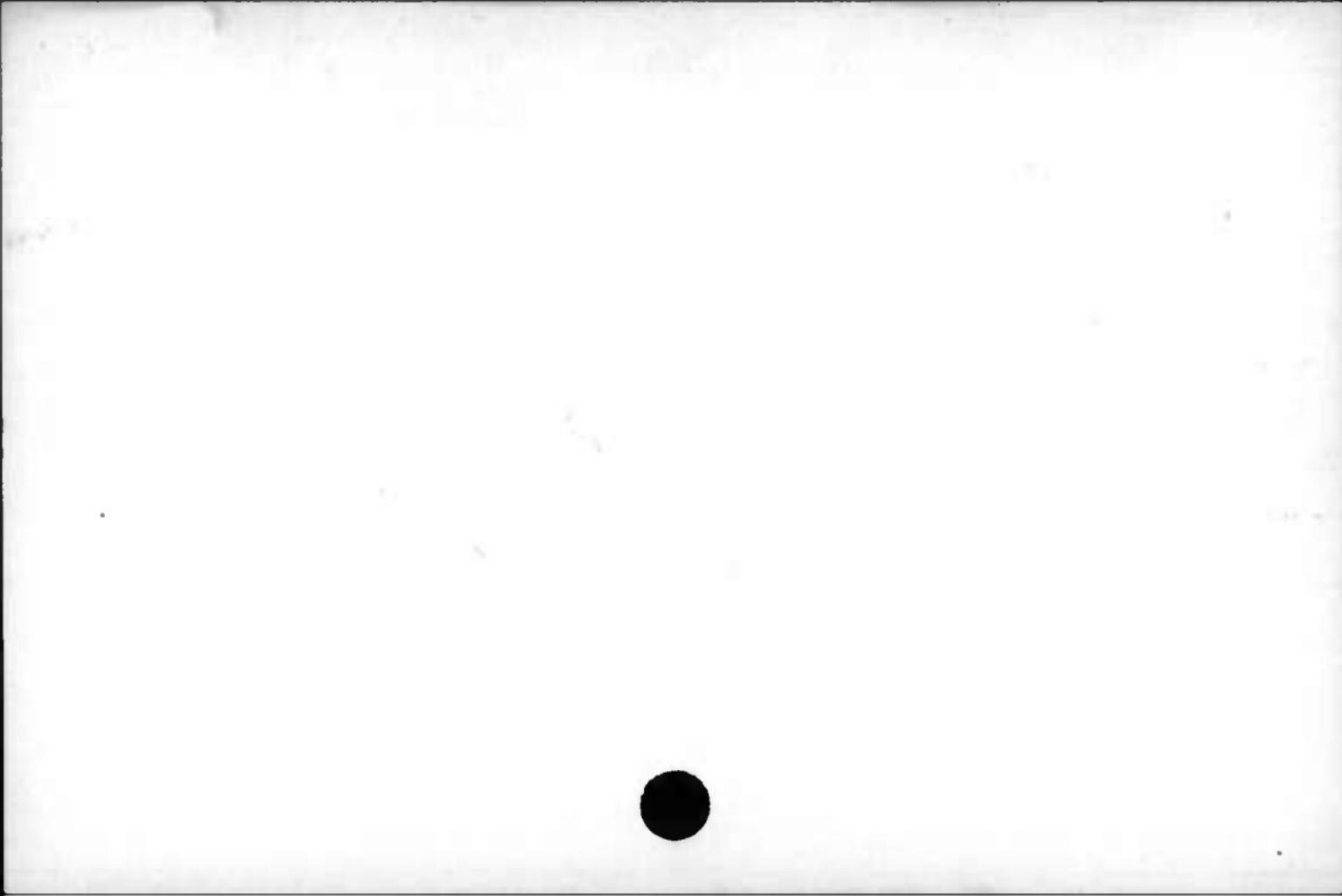
Probably

Signature of Physician

Address

P. L. Smith and Son
Church Creek, Md.

Accident or Suicide?



Name
in
Full

Margaret H. Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1909	March	4	84	4	12
Sex	Female	Color or Race	white	Birth-place	Hightown Md.
Occupation	Housewife				
Where Residing if not at place of death		Baltimore grade school			
Married, Single or Widowed	Name of Wife Husband		Thus they became Mr. & Mrs. Smith		
Father's Name	Charles & Emma				
Mother's Maiden Name	Lizzie Smith				
Name of person giving information	Victor & wife				

CAUSES OF DEATH

Primary Arteric Rigor + Bronchitis

Immediate Progressive Heart-failure

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

79

Now long

many years

How long
10 days.

Huntington
Cambridge Md.

Accident or Suicide?



Name
in
Full

Andrew Chase

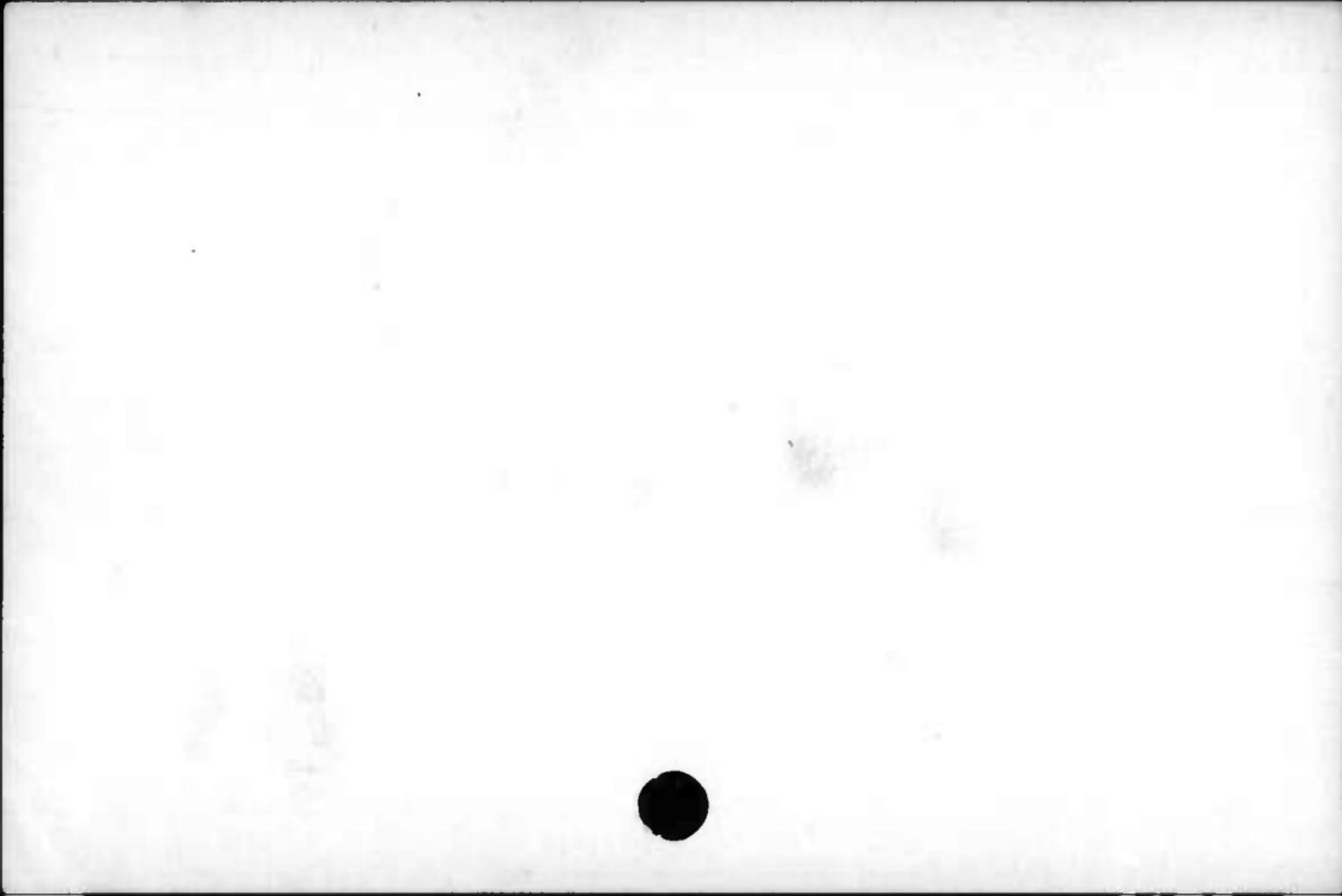
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Nathan Chase	Father's Birthplace	Dorchester		
Mother's Maiden Name	Annie Roberts	Mother's Birthplace	Dorchester Co		
Name of person giving Information	Nathan Chase	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Weeping Cough	(8)	How long	10 days
	Immediate	Pneumonia		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E.Wolff	
			Address	Cambridge, Md	
Accident or Suicide?					



Name
in
Full

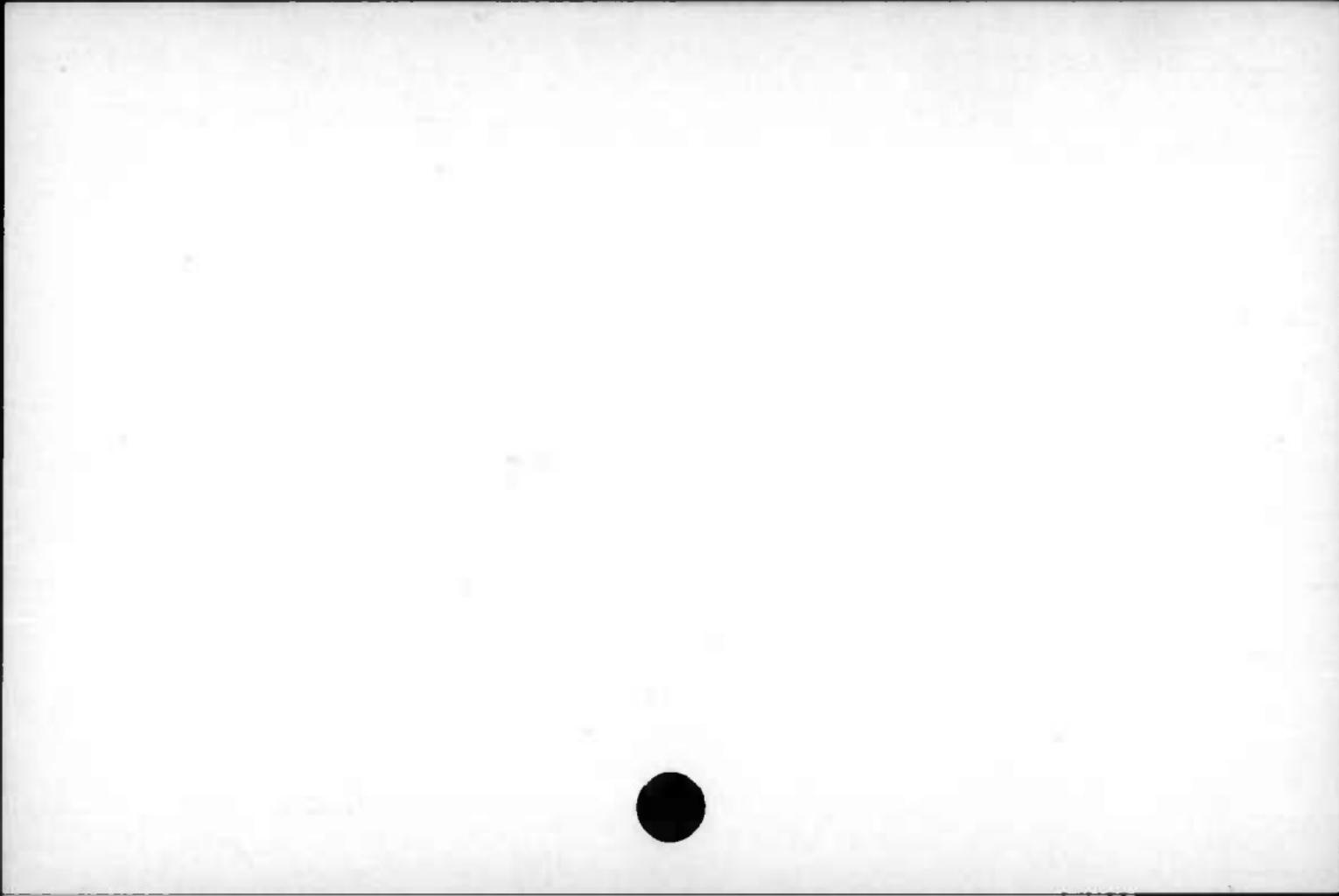
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alfred Cook

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Lloyds	baltimore		Months	4	Days
Date of death	Month	Day	Years	84	12
1907	Mar	22	Age		
Sex	Color or Race	Birth-place			
Male	White	Md			
Occupation	Where Residing if not at place of death				
Farmer					
Married, Single or Widowed	Name of Wife or Husband	Catharine (Spedden) Cook			
Widower					
Father's Name	Babylon Cook	Father's Birthplace	Md		
Mother's Maiden Name	Gilliston	Mother's Birthplace	Md		
Name of person giving Information	Mrs Wiley	How related to deceased	daughter		
CAUSES OF DEATH					
Primary	Aortic regurgitation				
Immediate	— years				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	79		
yes		S A Stokes	How long		
		Address	376 #5 Cambridge		
Accident or Suicide?			Md		



Name
in
Full

Eugene Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 3	Day 21	Years 37	Months	Days
Sex	Male	Color or Race	Black	Birthplace	Dorchester Co.	
Occupation	Laborer (Farm)			Where Residing if not at place of death	Annie Young Cornish	
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Dor. Co.		
Mother's Maiden Name	Millie Matthews		Mother's Birthplace	Dor Co.		
Name of person giving information	Wm H. Matthews		How related to deceased	half Bro.		

CAUSES OF DEATH

(27)

PHYSICIAN OR CORONER	Primary	Tuberculosis Pulmonary		How long	Three years
	Immediate	Dyspnoea & asthma		How long	several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Edward L. Jones		
		Address	East New Market, Md		
Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Francis Isaac Boston

CERTIFICATE OF DEATH

Died <u>near Milltown</u> Town		<u>Dorchester</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>March</u>	Day <u>9th</u>	Years	Months <u>2</u>	Days <u>15</u>	
Sex <u>Male</u>	Color or Race <u>Col.</u>	Birthplace <u>Dor. Co. Md.</u>				
Occupation <u>Infant</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Sifant</u>	Name of Wife or Husband <u>Sifant</u>	Father's Name <u>Isaac Boston</u>	Father's Birthplace <u>White Stone Va</u>	Mother's Maiden Name <u>Mary Eliza Water</u>	Mother's Birthplace <u>Dor. Co. Md.</u>	
Name of person giving information <u>Wm. J. Waters</u>	How related to deceased <u>Uncle</u>					

CAUSES OF DEATH

93

How long

7 days

How long

PHYSICIAN
OR CORONER

Primary Pneumonia

Immediate Don't know

Are the name, age, sex, color, date and place correctly given above?

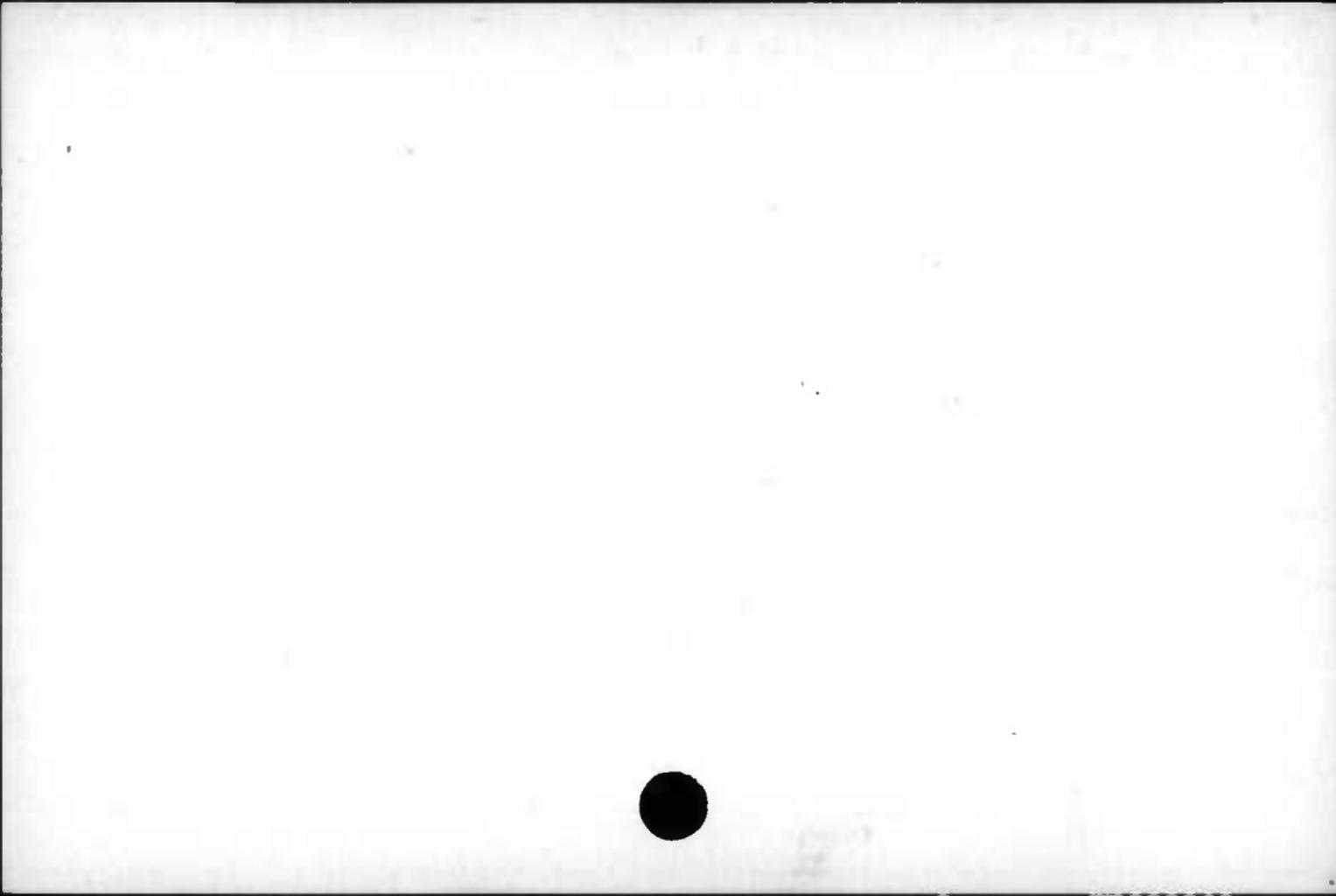
Yes

Signature of Physician

R. D. Lomichem
Church Creek, Md.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Chas Hy Daker

CERTIFICATE OF DEATH

Died at Ellwood		Town	Dorchester		County	MARYLAND	
Date of death 1907	Month 3	Day 23	Age 76	Years	Months	Days	
Sex Male	Color or Race W				Birth-place Md		
Occupation Carpenter	Where Residing if not at place of death same						
Married, Single or Widowed	Morris	Name of Wife or Husband	Adaline Andrews				
Father's Name	Chas Daker		Father's Birthplace	Md			
Mother's Maiden Name	Mary Russell		Mother's Birthplace	Md			
Name of person giving Information	Ellen Christoph		How related to deceased	Sister			

CAUSES OF DEATH

91

Now long

3 mo

How long 3 weeks

Primary

Chronic Bronchitis

Immediate

Acute Myocarditis

Are the name, age, sex, color, date and place correctly given above?

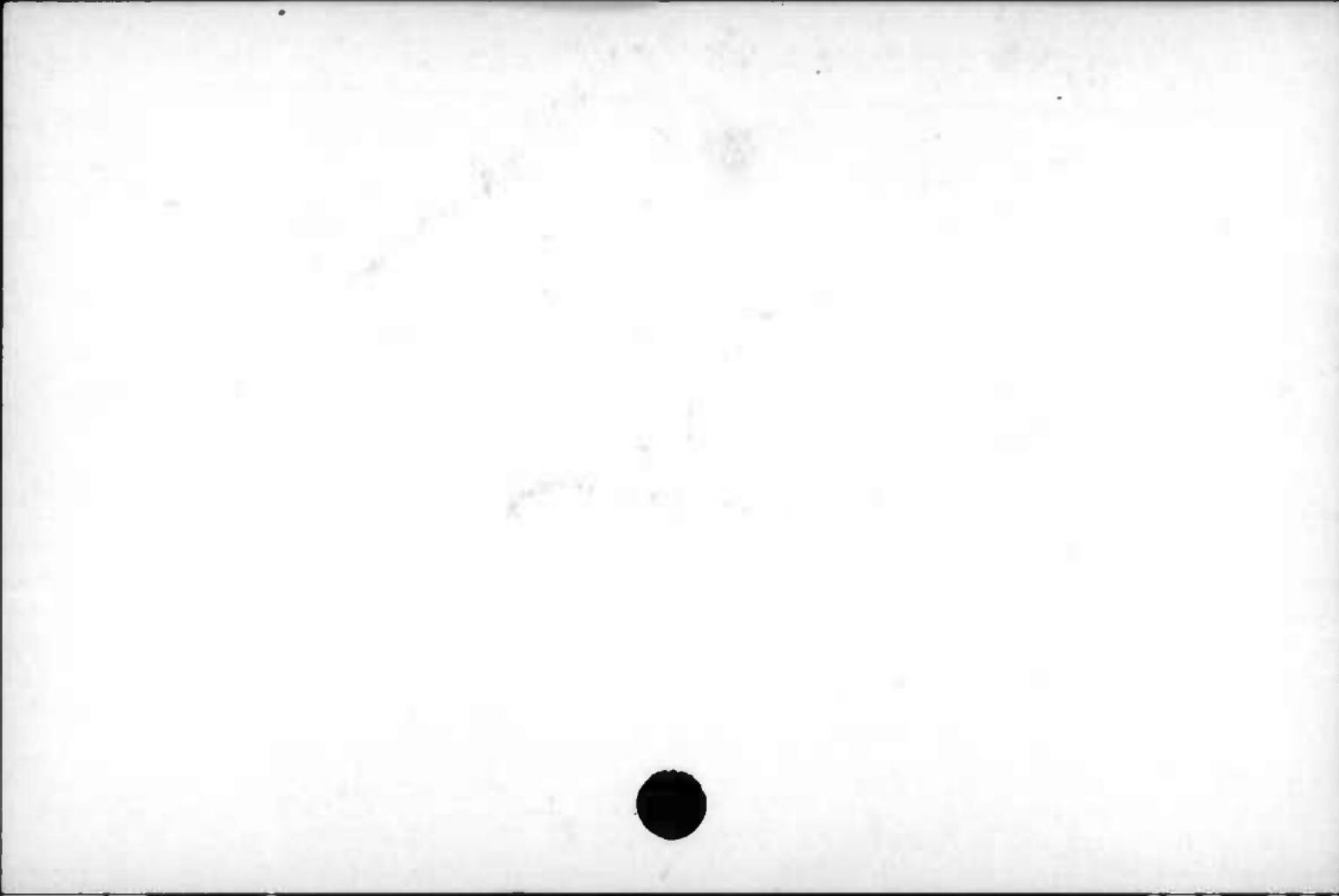
yes

Signature of Physician

Address

Hugh Damer
Spelman

Accident or Suicide?



Name
in
Full

Willon King Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Madison	Dorchester		
Date of death	Month	Day	Years	Months Days
1907	March	8	About 47	— —
Sex	Male	Color or Race	White	Birth-place
Occupation	Laborer			Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Edwards	
Father's Name	Don't Know			Father's Birthplace
Mother's Maiden Name	Don't Know			Mother's Birthplace
Name of person giving information	W. D. Sanders			How related to deceased

CAUSES OF DEATH

(93)

PHYSICIAN OR CORONER	Primary	Pneumonia	How long	two weeks
	Immediate	General exhaustion	How long	about 3 days
Are the name, age, sex, color, date and place correctly given above?		Sr far as I know, yes	Signature of Physician	B. L. Smith M.D.
			Address	Madison, Md.
Accident or Suicide?		<input checked="" type="checkbox"/>		



Name
in
Full

Robert Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Cambridge	Dorchester	—	—
Date of death	Month	Day	Years	Months Days
1907	Mar	29 th	Age 28	— —
Sex	Male	Color or Race	Colored	Birth-place Cambridge
Occupation	Sabover	Where Residing if not at place of death	home	
Married, Single or Widowed		Name of Wife or Husband	Bessie Elliott	
Father's Name	Washington Elliott	Father's Birthplace	Dorchester Co	
Mother's Maiden Name	don't know.	Mother's Birthplace	Annapolis	
Name of person giving Information	Bessie Elliott	How related to deceased	wife	
CAUSES OF DEATH				
Primary	Tuberculosis			
Immediate	Suffocation			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		D. P. Reynolds M.D.		
		Address Cambridge Md.		

PHYSICIAN
OR CORONER

Accident or Suicide?

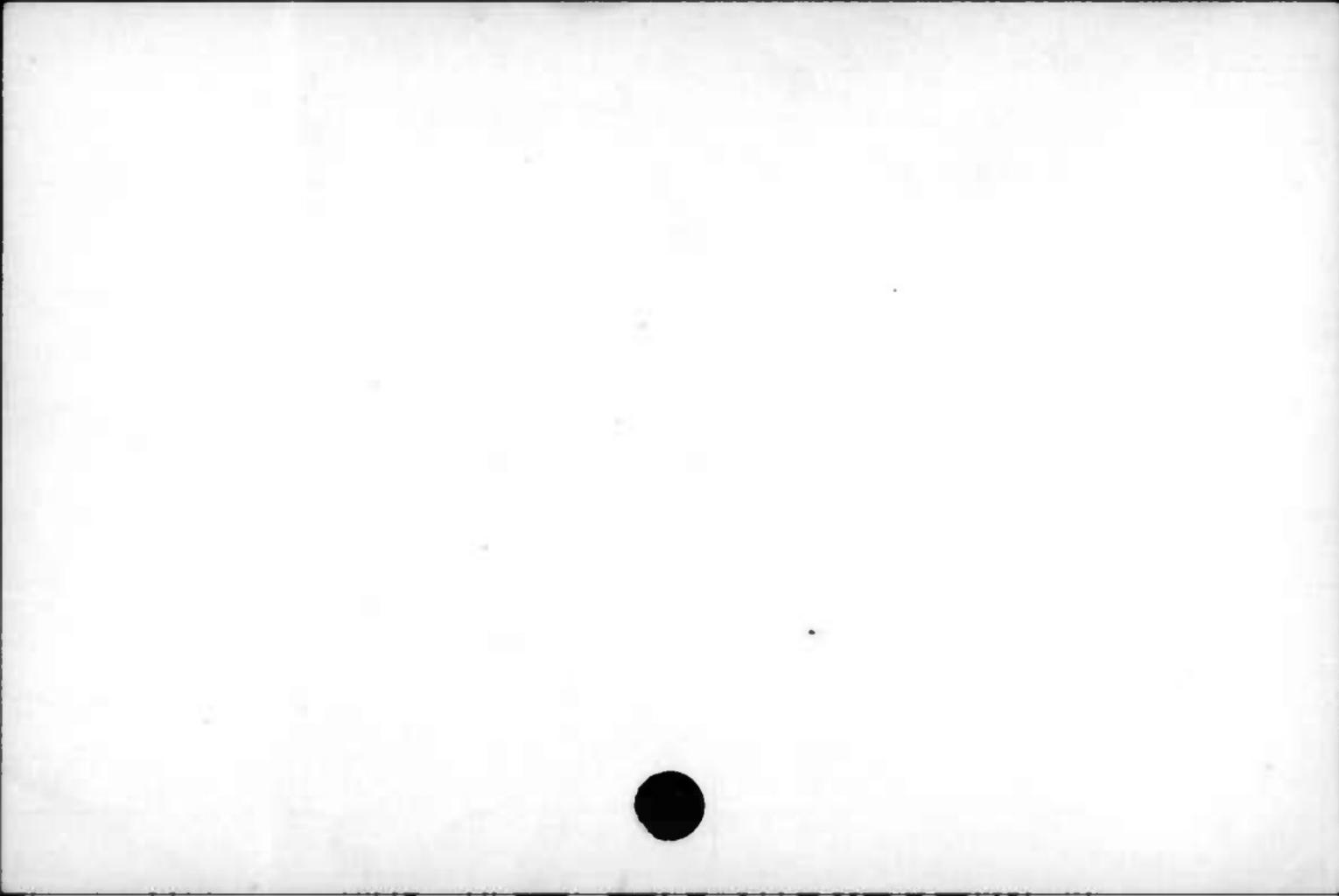
27

How long

2 months

How long

✓



Name
in
Full

Rosetta Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information				How related to deceased

1907 March 30 2 7 -

Female African Md

John H. Ellis

Mary J. Hooper

Alice Wilson

Friend

CAUSES OF DEATH

93

How long

1 wks.

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

Immediate

Exhaustion

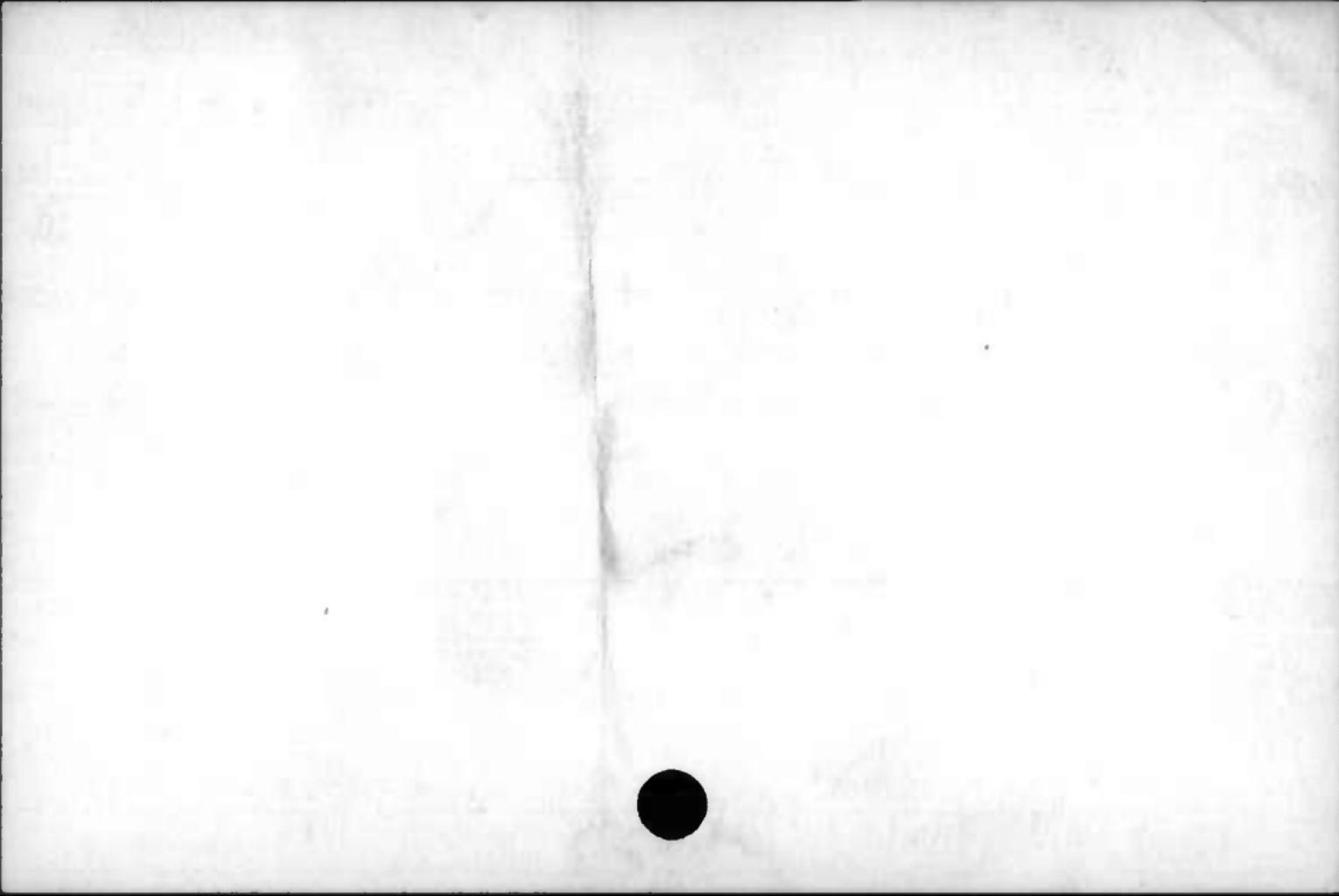
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jay K Shriver Jr.
Taylor Island
Md

Accident or Suicide?



Name
in
Full

Elizabeth Encale

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Dorchester			County	
Date of death 1907	Month March	Day 4	Age 89	Years 5	Months	Days
Sex Female	Color or Race Black	Birth-place Church Cr				
Occupation Nursing	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband Unknown					
Father's Name Dr John Nevitt	Father's Birthplace			don't know		
Mother's Maiden Name Elizabeth Nevitt	Mother's Birthplace			don't know		
Name of person giving Information Rachel D. Gannals	How related to deceased			Grand child		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gripe

(10)

How long

Abruh 7 weeks

Immediate

Heart Failure

How long

Abruh 3 hours

Are the name, age, sex, color, date and place correctly given above?

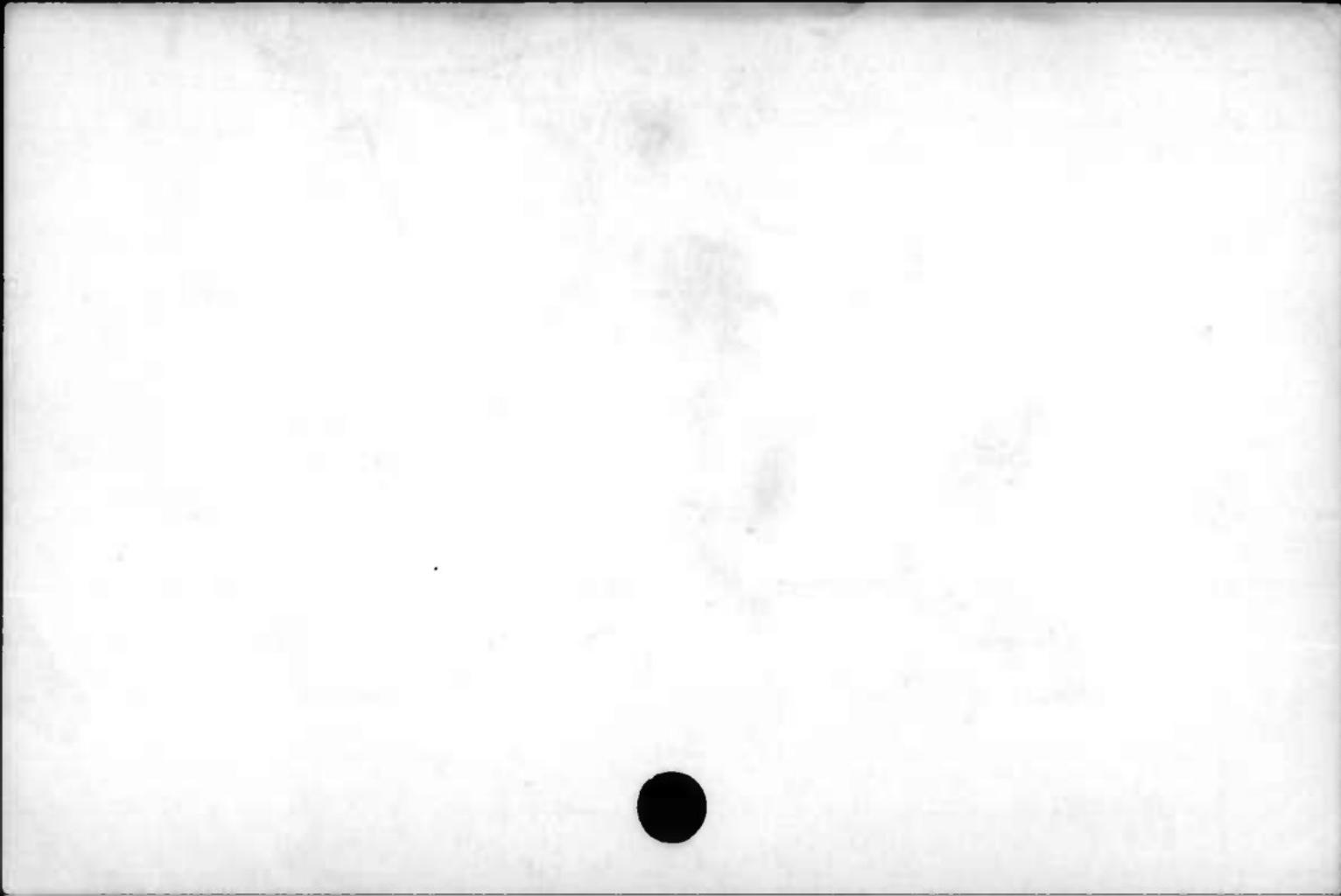
Yes

Signature of Physician

Address

Victor Carroll M.D.
Carporidge Ind

Accident or Suicide?



Name
in
Full

Osker Fletcher

CERTIFICATE OF DEATH

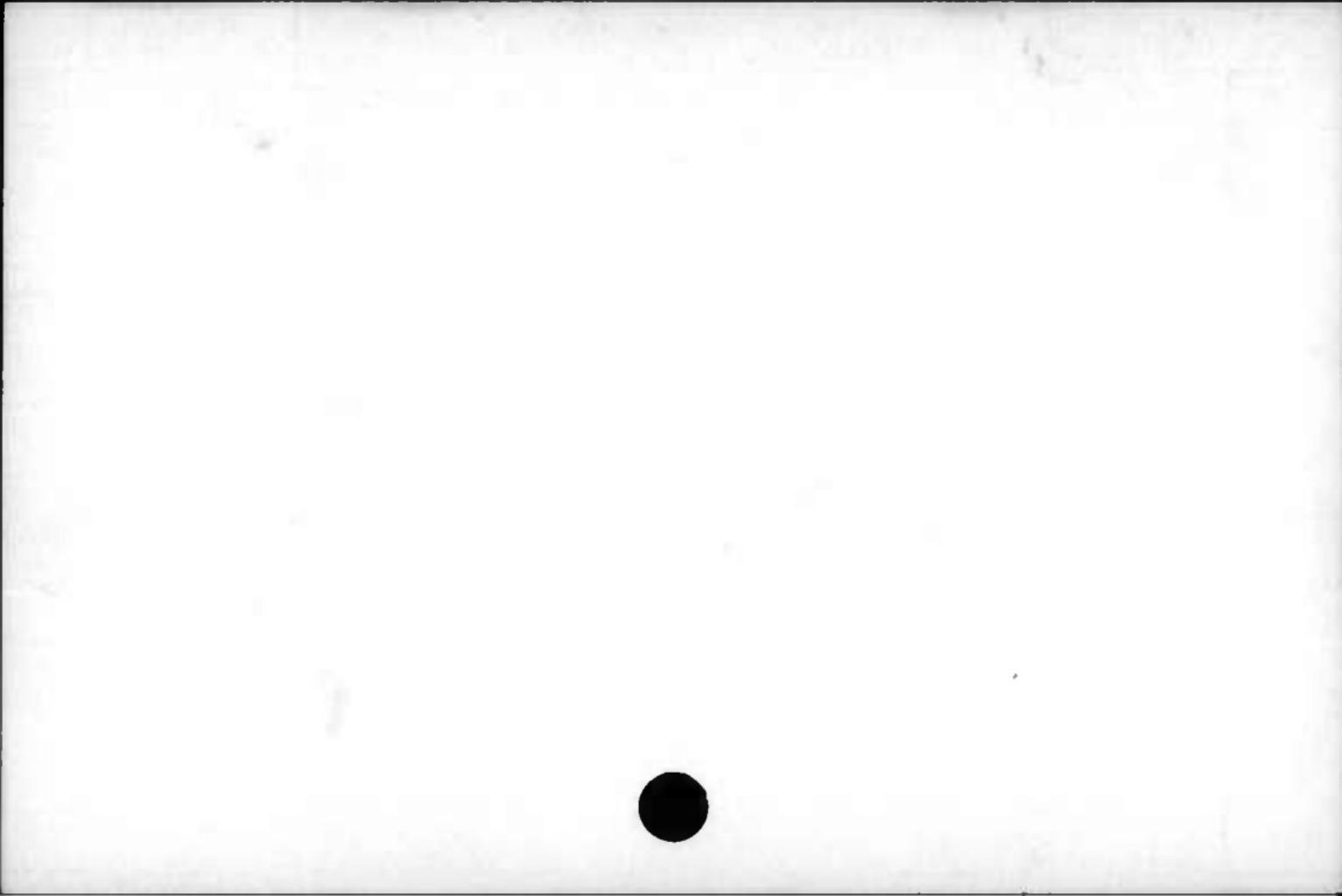
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month March	Day 23	Years 6	Months _____ Days _____
Sex Male	Color or Race Black	Birth-place Cambridge		
Occupation Child	Where Residing if not at place of death Cambridge			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Cambridge
Father's Name George Fletcher			Mother's Birthplace	Cambridge
Mother's Maiden Name Mary Nichols			Church Cem.	
Name of person giving information George Fletcher			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	(6)	How long Feb.
Immediate	Bright's Disease		How long 6 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B.G. Wolff	
		Address Cambridge, Md	
Accident or Suicide?			



Name
in
Full!

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Clide Henry,

CERTIFICATE OF DEATH

MARYLAND

Died at East New Market Dorchester

Date of death 1907 Month 3 Day 11 Years Months 6 Days

Sex Male Color or Race white Birthplace near E. N. Market

Occupation none Where Residing if not at place of death " " "

Married, Single or Widowed single Name of Wife or Husband unmarried

Father's Name don't know Father's Birthplace unknown

Mother's Maiden Name Elizabeth Henry Mother's Birthplace Dorchester

Name of person giving information S. R. Bell How related to deceased neighbor

CAUSES OF DEATH

Primary

Measles

⑥

Measles

How long

do not know

Immediate

Pneumonia

How long

" " "

Are the name, age, sex, color, date and place correctly given above?

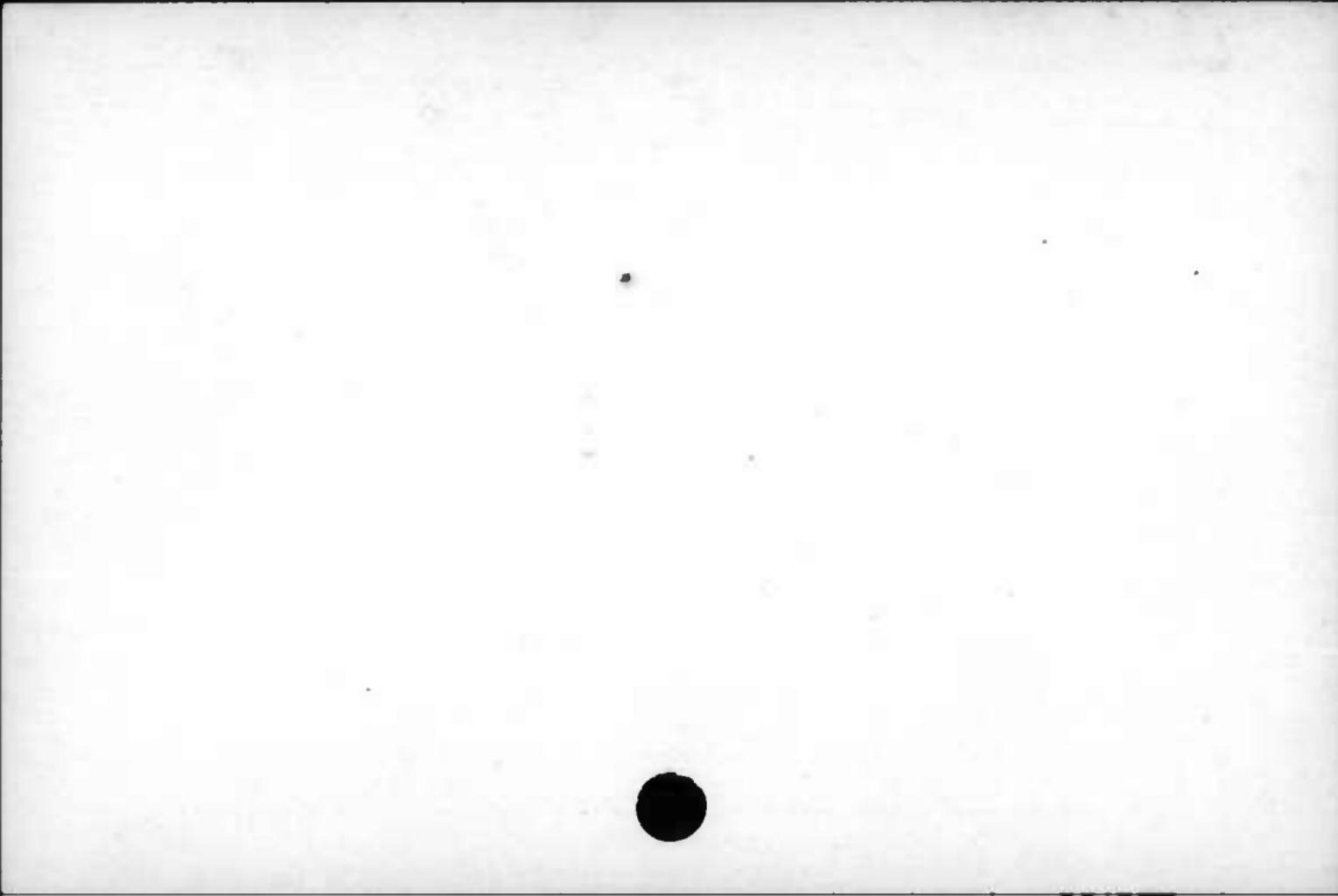
yes

Signature of Physician

Address

Dr J. Meyers.
Newark

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Ethel Henry

CERTIFICATE OF DEATH

Died at	East New Market	Town	County	MARYLAND	
Date of death	1907	Month	Day	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	Dorchester
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	near East New Market		
Father's Name	Dont Regan			Father's Birthplace	Dorchester County
Mother's Maiden Name	Lizzie Henry			Mother's Birthplace	Dorchester
Name of person giving information	Harry Henry			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mearles

⑥

Mearles

How long

Immediate

unknown

4

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

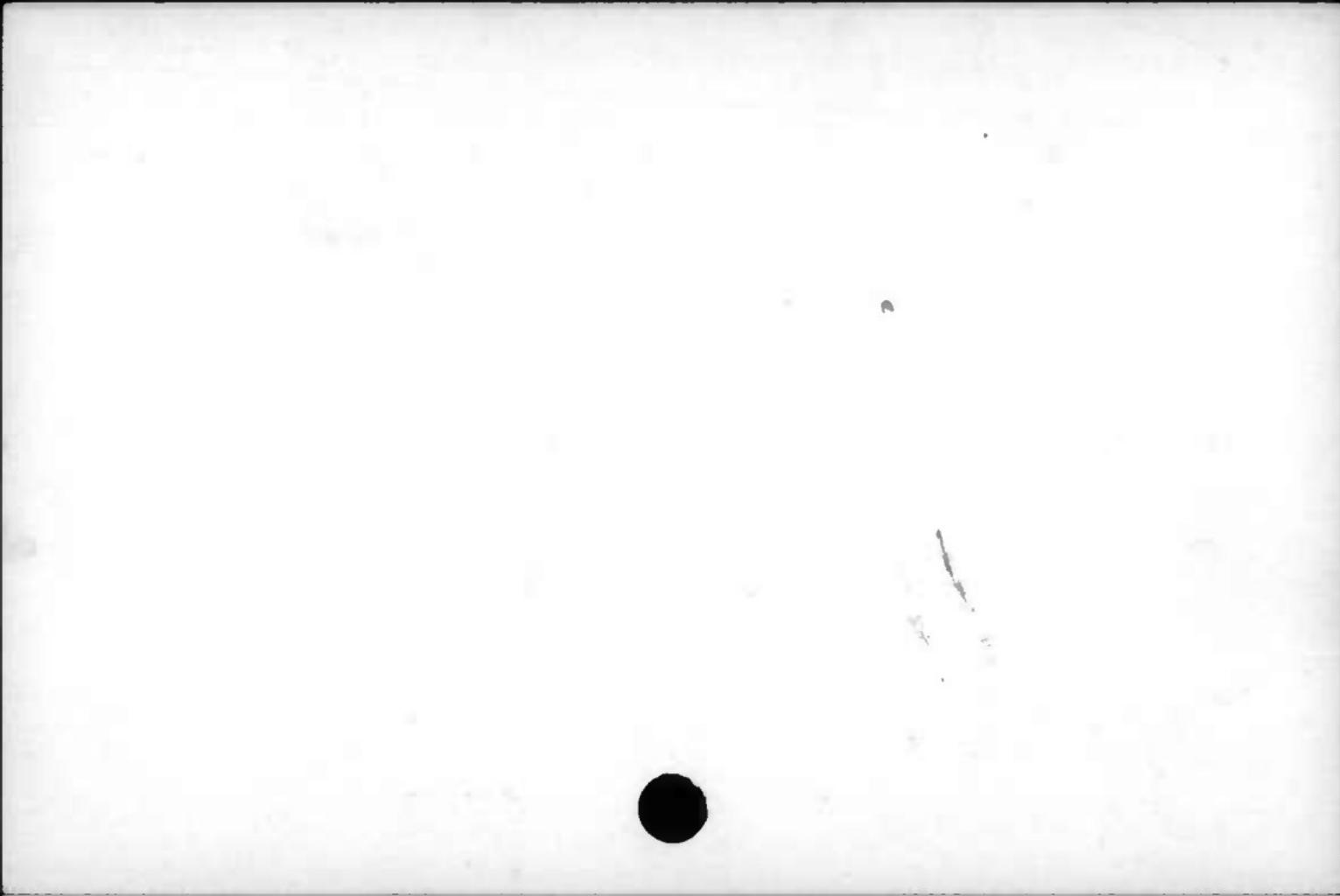
Signature of Physician

Address

no physician

Accident or Suicide?

✓ Mr J Abdell JP



Name
in
Full

Sarah Melvina Holland

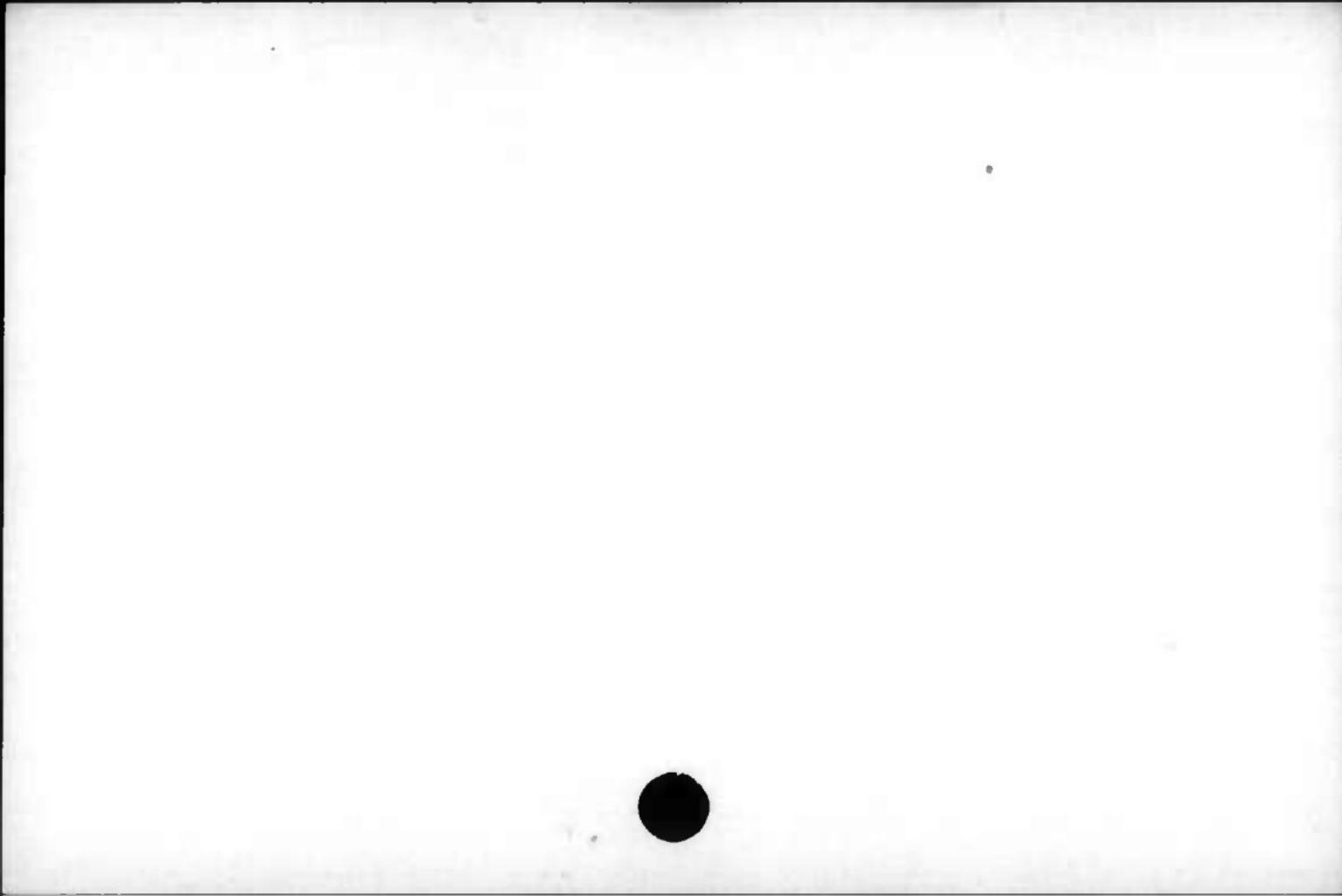
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Madian	County	Dorchester	MARYLAND
Date of death	Month	Day	Years	Months	Days
1907	March	26	73	11	14
Sex	Color or Race	Female	White	Birth-Place	Balt. Co. Md.
Occupation	None			Where Residing if not at place of death	John G. Holland
Married, Single or Widowed	Name of Wife or Husband	Widow	John G. Holland	Father's Birthplace	Balt. Co. Md.
Father's Name	Levi Hipsley			Mother's Birthplace	Carroel Co
Mother's Maiden Name	Don't Know			How related to deceased	Daughter
Name of person giving Information	Mabel Kirby			120	

CAUSES OF DEATH

Primary	Chronic Bright's disease			How long	about 2 years
Immediate	General exhaustion			How long	Can't say
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	B. L. Smith M.D.	
			Address	Madian, Md.	
Accident or Suicide?					



Name
in
Full

Thomas Hughtlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cambridge	Oxford			
Date of death	Month	Day	Years	Months	Days
1907	3	12	55	6	4
Sex	Male	Color or Race	white	Birth-place	Jaffrey N.H.
Occupation	Deputy Fish Commissioner			Where Residing if not at place of death	
Married, Single or Widowed	married	Name of Wife or Husband	Lydia Anne Ross	Father's Birthplace	Jaffrey N.H.
Father's Name	Thomas Hughtlett			Mother's Birthplace	Dr. C. M.
Mother's Maiden Name	Francis A. Margian			How related to deceased	wife
Name of person giving Information	E. Annie Hughtlett				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary *Old pneumonia followed acute Bright's disease* How long *9 days*

Immediate *Inflammation* How long *3 days*

Are the name, age, sex, color, date
and place correctly given above?

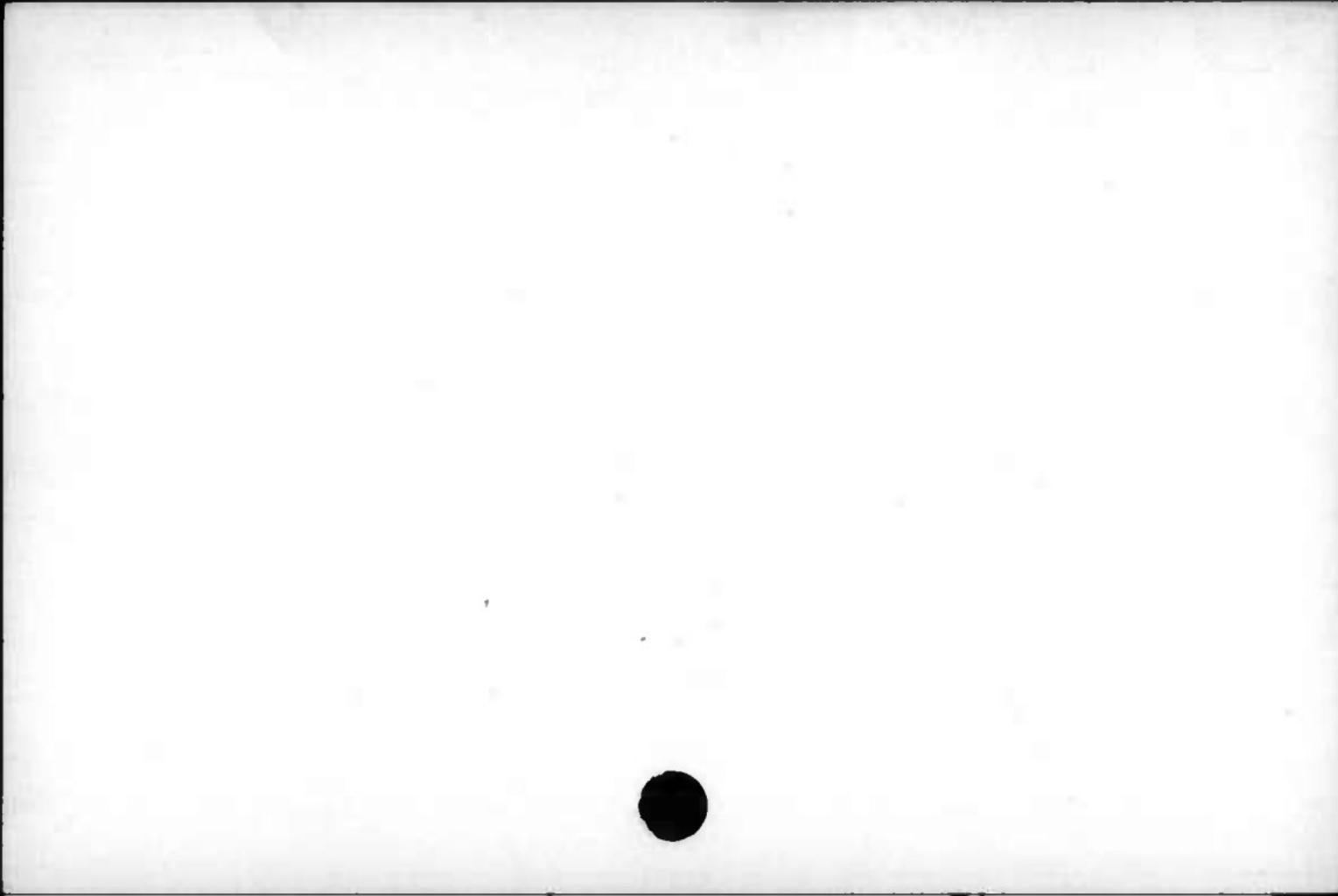
yes

Signature of
Physician

Address

*Guy Steele M.D.
Cambridge N.H.*

Accident or Suicide?



Name
in
Full

Mary Jane Stevens

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1907	Month 3	Day 23	Years 84	Months 9	Days 21	
Sex female	Color or Race white	Occupation wife	Birth-place No Co			
Married, Single or Widowed widow		wife				
Name of Wife or Husband James Stevens						
Father's Name Lewis Stevens			Father's Birthplace No Co			
Mother's Maiden Name Mary Jane Stevens			Mother's Birthplace unknown			
Name of person giving Information	Assist. Corp. A. M. Monroe		How related to deceased daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senility 154 How long

Immediate Senility How long

Are the name, age, sex, color, date
and place correctly given above? Yes

Signature of Physician

Address

G. Roger Myers
M. D.
Montgomery

Accident or Suicide?

38
26
—
6

2

23
—
1

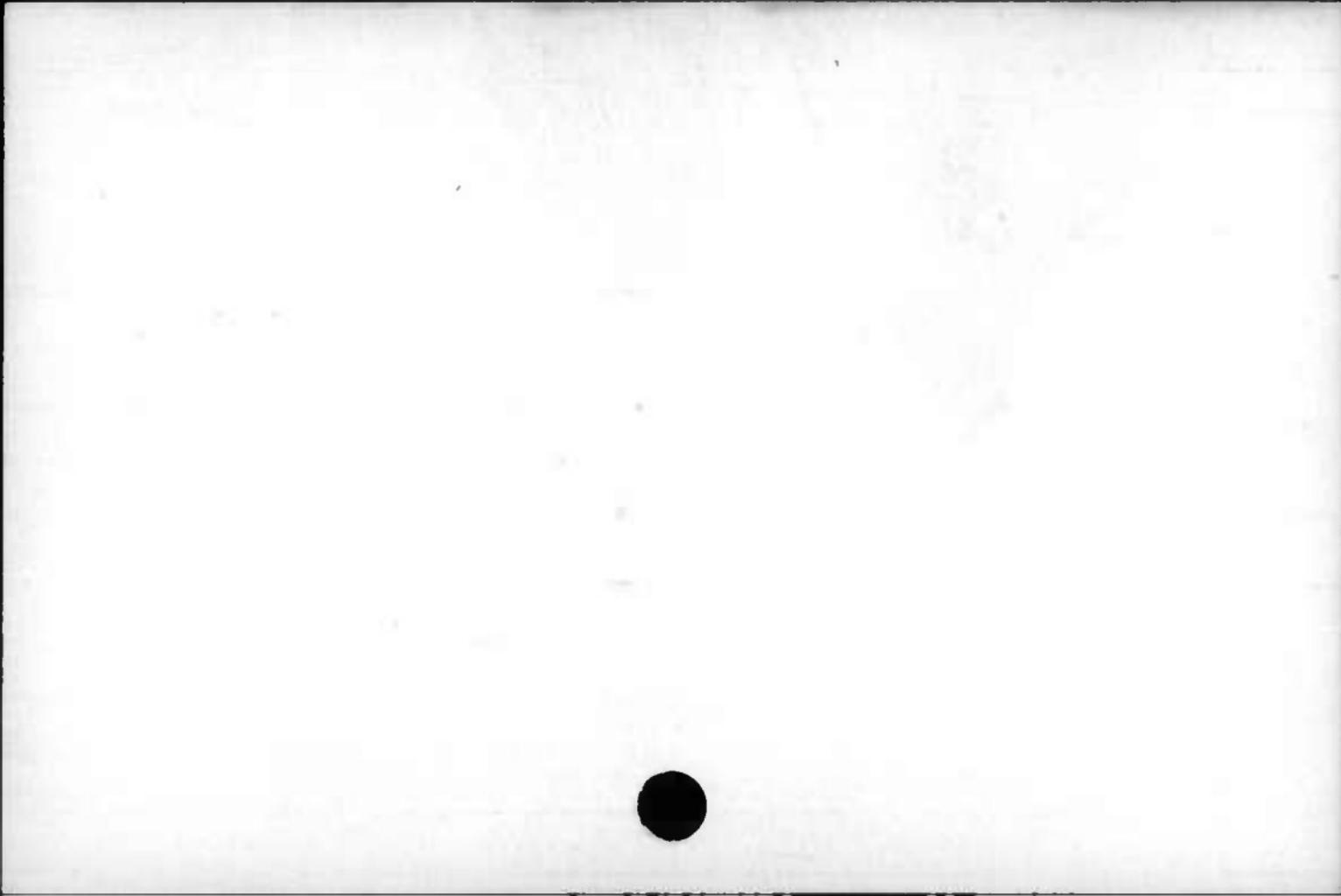
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Jackson				CERTIFICATE OF DEATH		
Died at	Town	County	2nd MARYLAND			
Date of death 1907	Month March	Day 26	Age	Years 6	Months	Days
Sex Male	Color or Race Black	Birth-place Cambridge				
Occupation Baby	Where Residing if not at place of death Cambridge					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Robert H Jackson	Father's Birthplace Cambridge					
Mother's Maiden Name Henrietta Staydly	Mother's Birthplace Cambridge					
Name of person giving Information Robert H Jackson	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Whooing Cough	(8)	How long 6 weeks
	Immediate Pneumonia		How long 3 or 4 days.
Are the name, age, sex, color, date and place correctly given above? yrs		Signature of Physician Address	E.E. Wolff Cambridge, Md.
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

~~Not named~~

Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Johnson	County	MARYLAND
Date of death	Month	Year	Months	Days
1907	March	16	1	-
Sex	Color or Race	Age	Birth-place	
Male	colored	1	Md.	
Occupation	Where Residing if not at place of death			
—	—			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md	
—	—	Mother's Birthplace	Md	
Father's Name	John W Johnson	Md		
Mother's Maiden Name	Kate Blashfield	Md		
Name of person giving information	John W Johnson	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

~~Insanition~~

179

How long

1 year

Immediate

—

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

~~yes~~

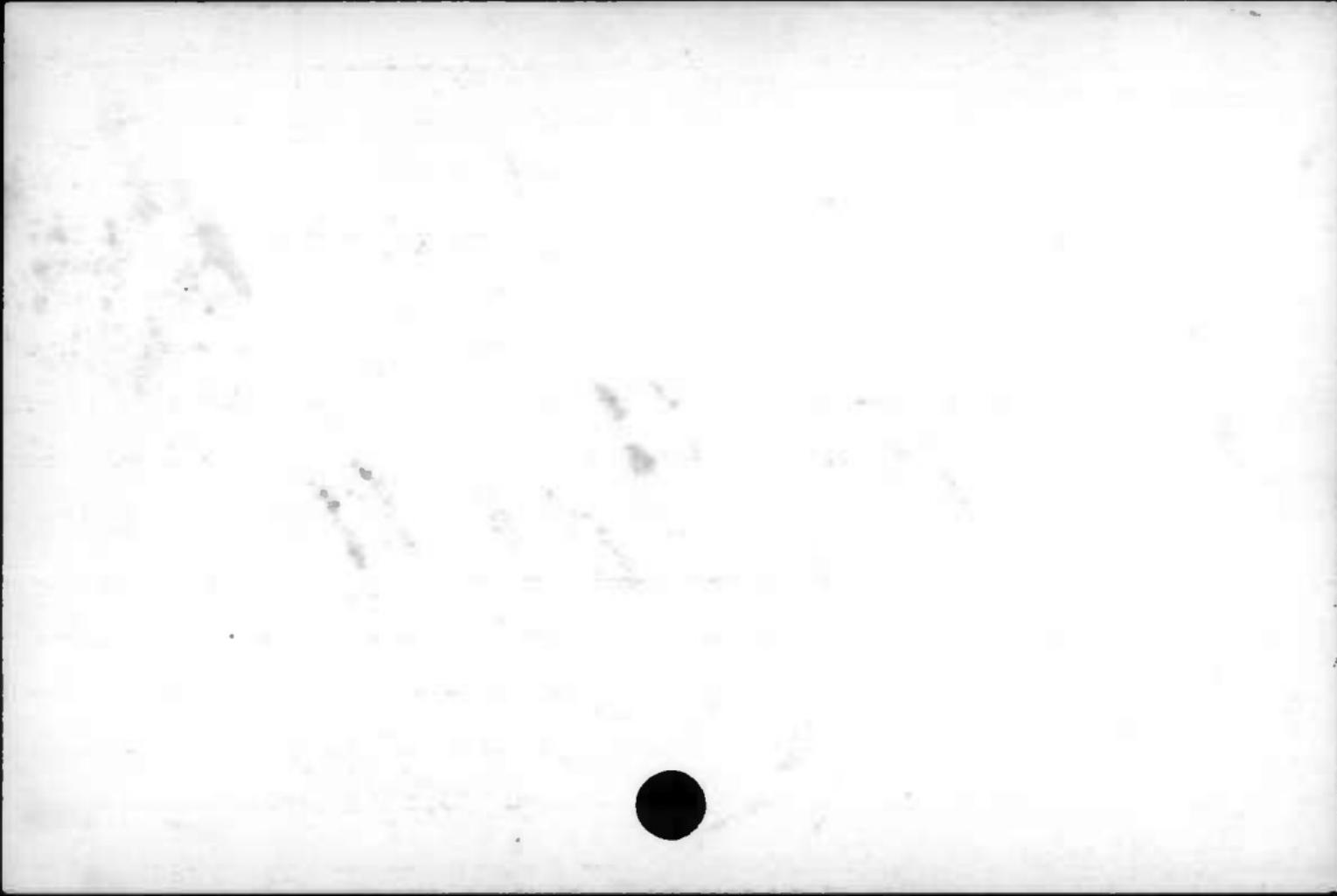
Signature of Physician

O G Maguire

Address

Hurlock

Accident or Suicide? —



Name
in
Full

Robert Aaron Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Negro	Birth-place	Ra.
Occupation	Sailor	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Betsy Johnson	Father's Birthplace	Ra
Father's Name	Jeremiah Johnson				
Mother's Maiden Name	Unknown		Mother's Birthplace	Md	
Name of person giving information	Betsy Johnson		How related to deceased	Wife	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

How long

1 years

Immediate

Heart Failure

How long

few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

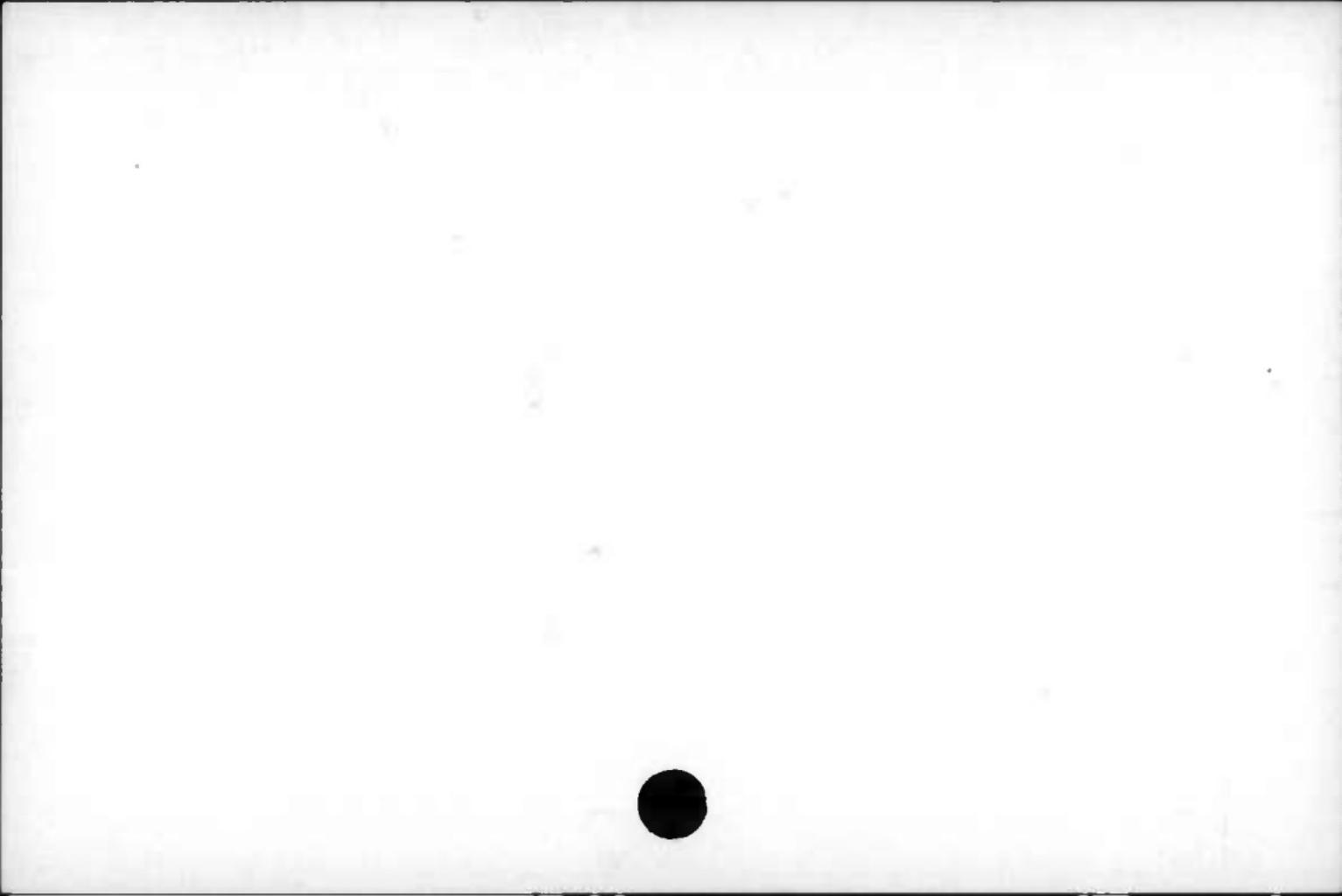
Signature of Physician

Address

E. A. Jones

Bladensburg, Md

Accident or Suicide?



Name
in
Full

Pastor Jollie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	5-	2	3
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Cambridge			
Father's Name	Edward Jollie	Father's Birthplace	Drawbridge		
Mother's Maiden Name	Frances Campbell	Mother's Birthplace	Drawbridge		
Name of person giving Information	Edward Jollie	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malnutrition

179

How long

3 m^t mos.

Immediate

Unknown

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Nexer P. Reynolds M.D.

Address

Cambridge Md

Accident or Suicide?

Wenatchee

Name
in
Full

Anna B. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Cambridge Dorchester Maryland

1907 March 31 32 2

Female White Maryland

Housewife Cambridge "

Married Miss M. Jones

John P. Freeman Maryland

Mary E. Holtzow "

Wm. M. Jones Husband

CAUSES OF DEATH

Primary

Septicarnia + Purpura

(13)

How long

5 weeks

Immediate

Heart Failure

How long

15 minutes

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

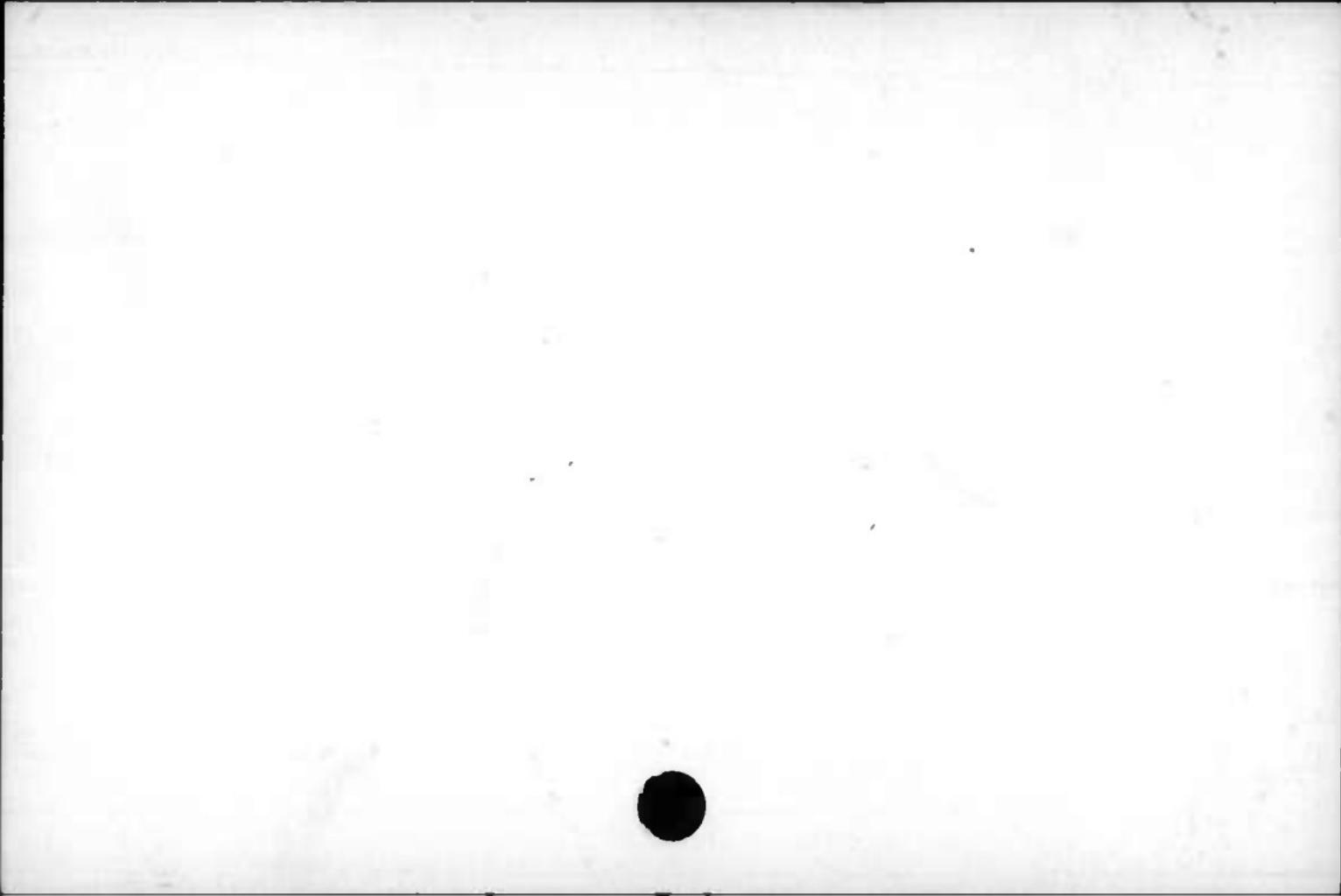
Signature of Physician

E.E. Wolff

Address

Cambridge, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Cornelia Jones

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth place	Cambridge	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Dorchester Co	
Father's Name	John Jones		Mother's Birthplace			
Mother's Maiden Name	Emma Ebsay		How related to deceased		Mother	
Name of person giving information	Emma Jones					

CAUSES OF DEATH

Primary

Whooping Cough

(8)

How long

Don't know

Immediate

Pneumonia

How long

2 days to my knowledge

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

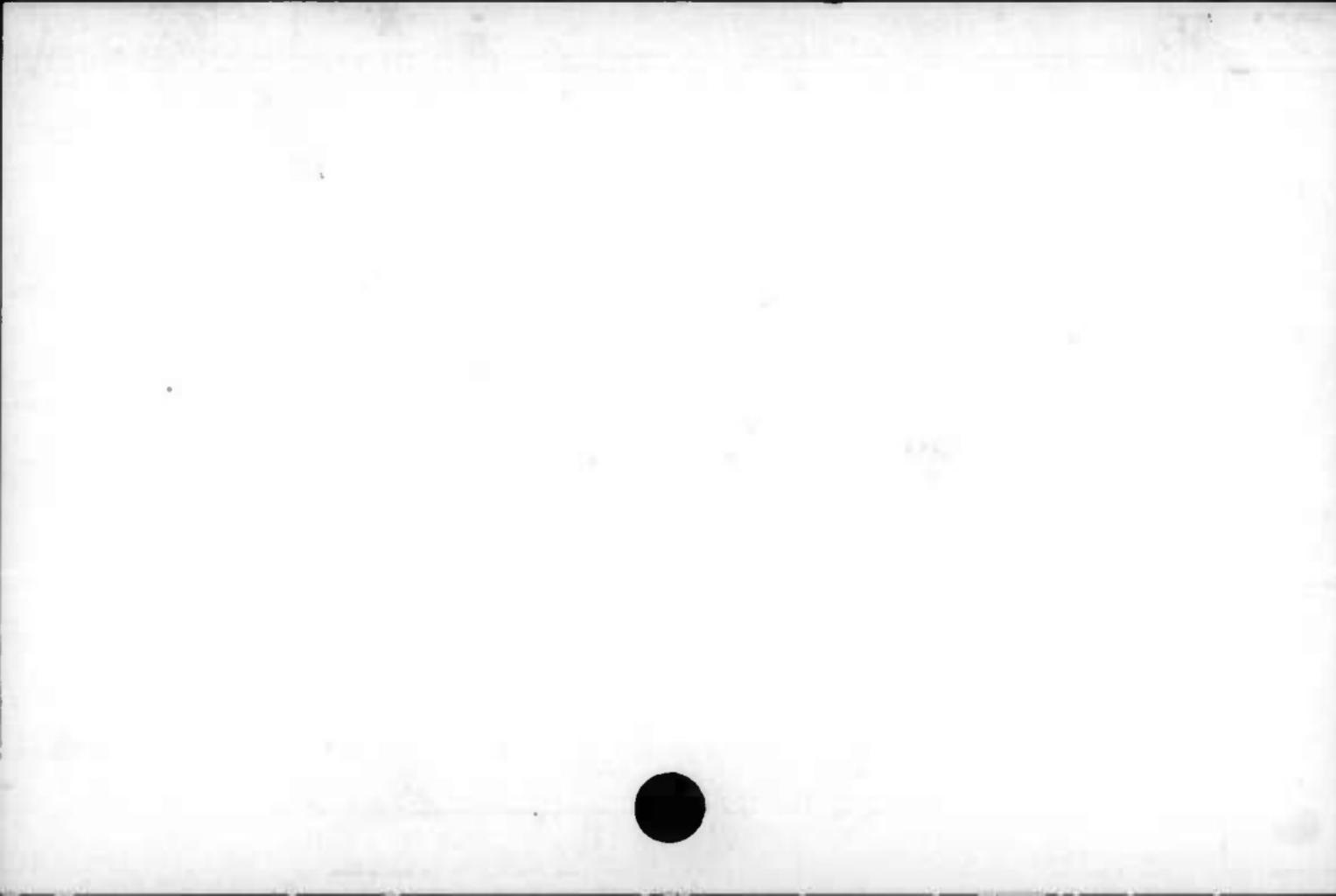
yes

Signature of Physician

Address

E. W. Self
Cambridge, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wingfield Jones

CERTIFICATE OF DEATH

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	doubt know					Father's Birthplace
Mother's Maiden Name	Maggie Jones					Mother's Birthplace
Name of person giving information	Lorraine Pitcher					How related to deceased

CAUSES OF DEATH

Primary

Crook

(9)

How long

Two days

Immediate

Can't say

How long

don't know

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

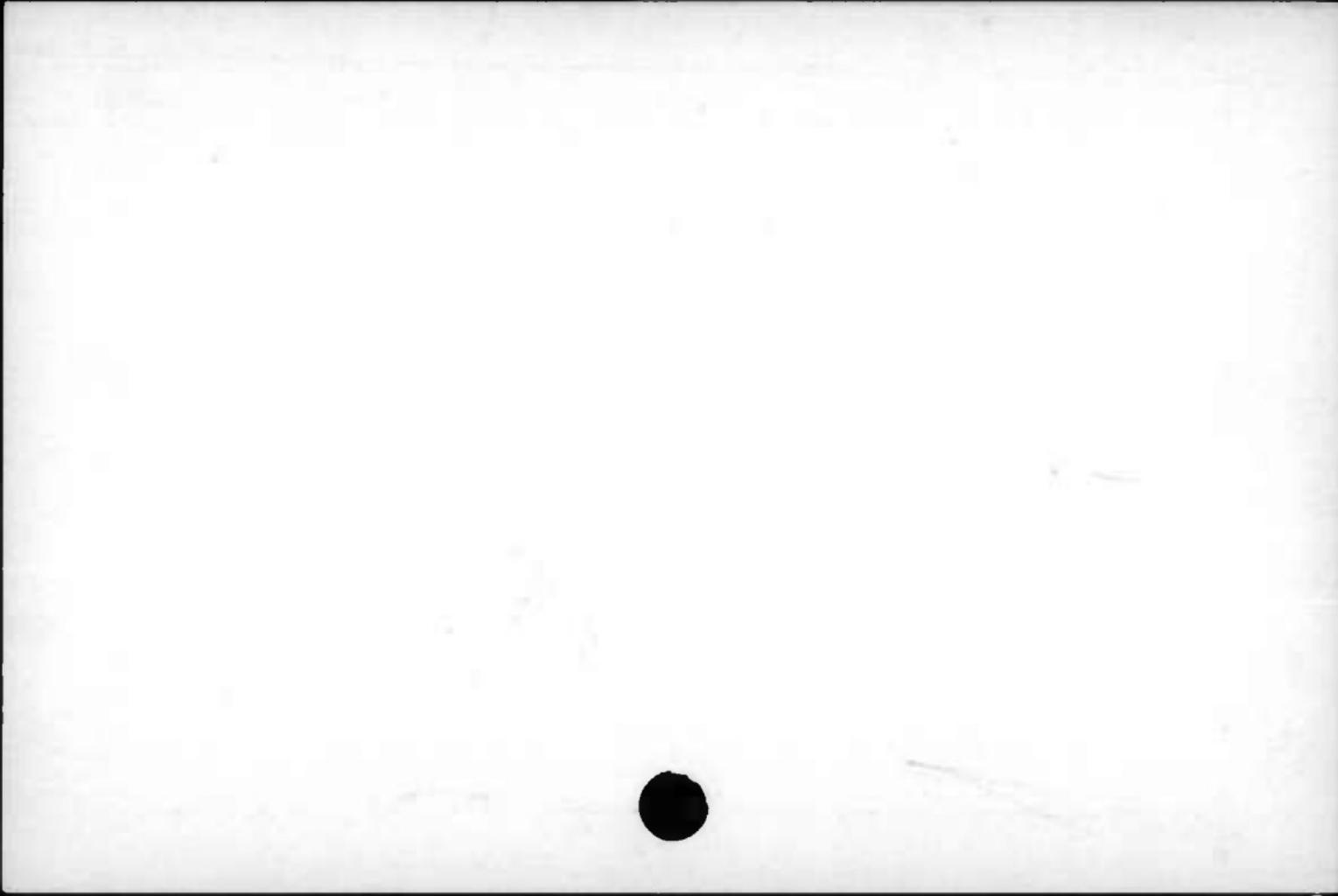
name Mr J Abdell JP

Address

E/11 Market

Accident or Suicide?

✓ Dor County Md



Name
in
Full

Mabel Ruth Keene

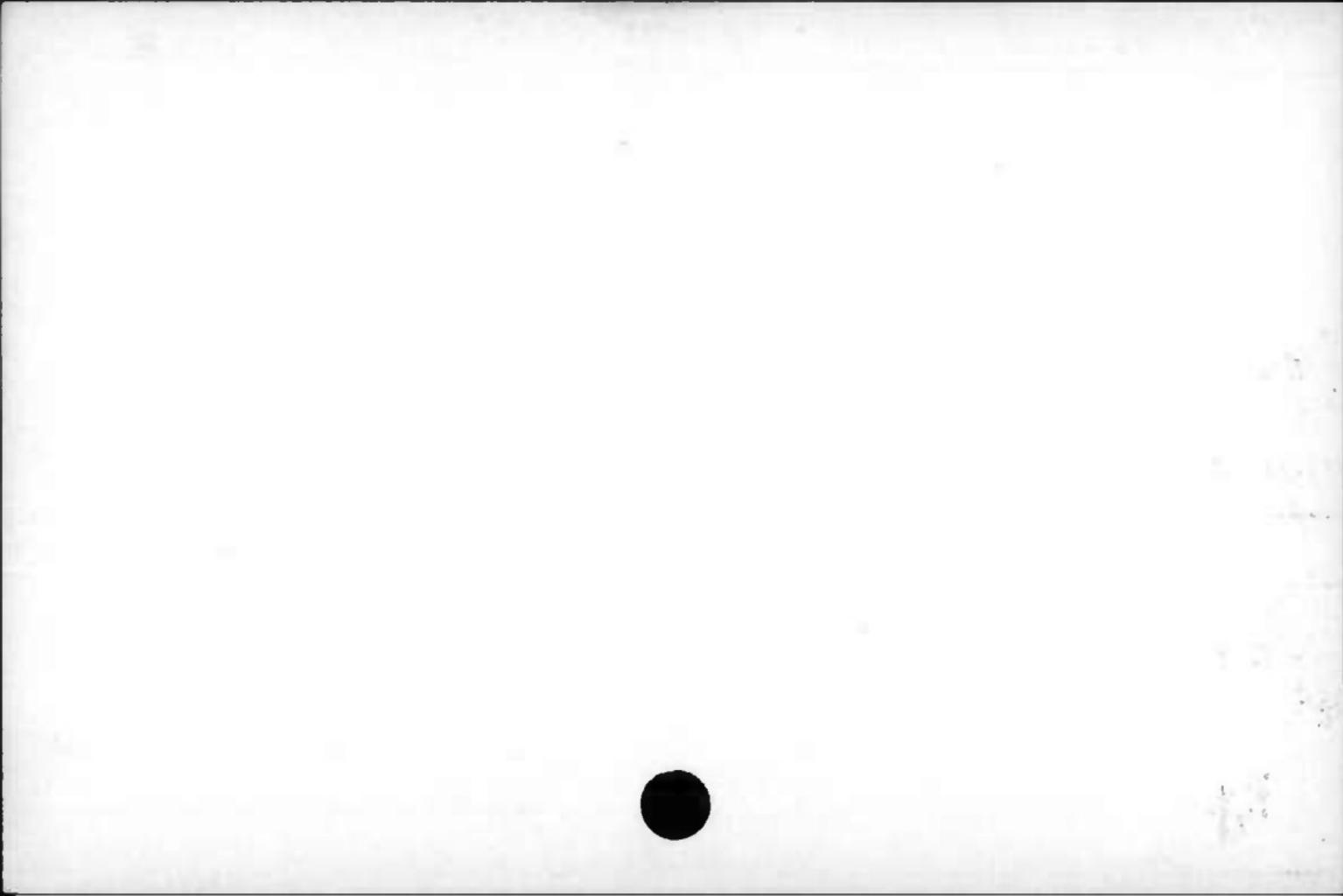
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Infant	
Father's Name	John F. Keene		
Mother's Maiden Name	Rosie M. Jones		
Name of person giving information	John F. Keene		

CAUSES OF DEATH

Primary	Pneumonia	(93)	How long
Immediate	Don't know		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. L. Smith
Probably		Address	Church Creek, Md.
Accident or Suicide?			



Name
in
Full

Minfred Calving Keene

CERTIFICATE OF DEATH

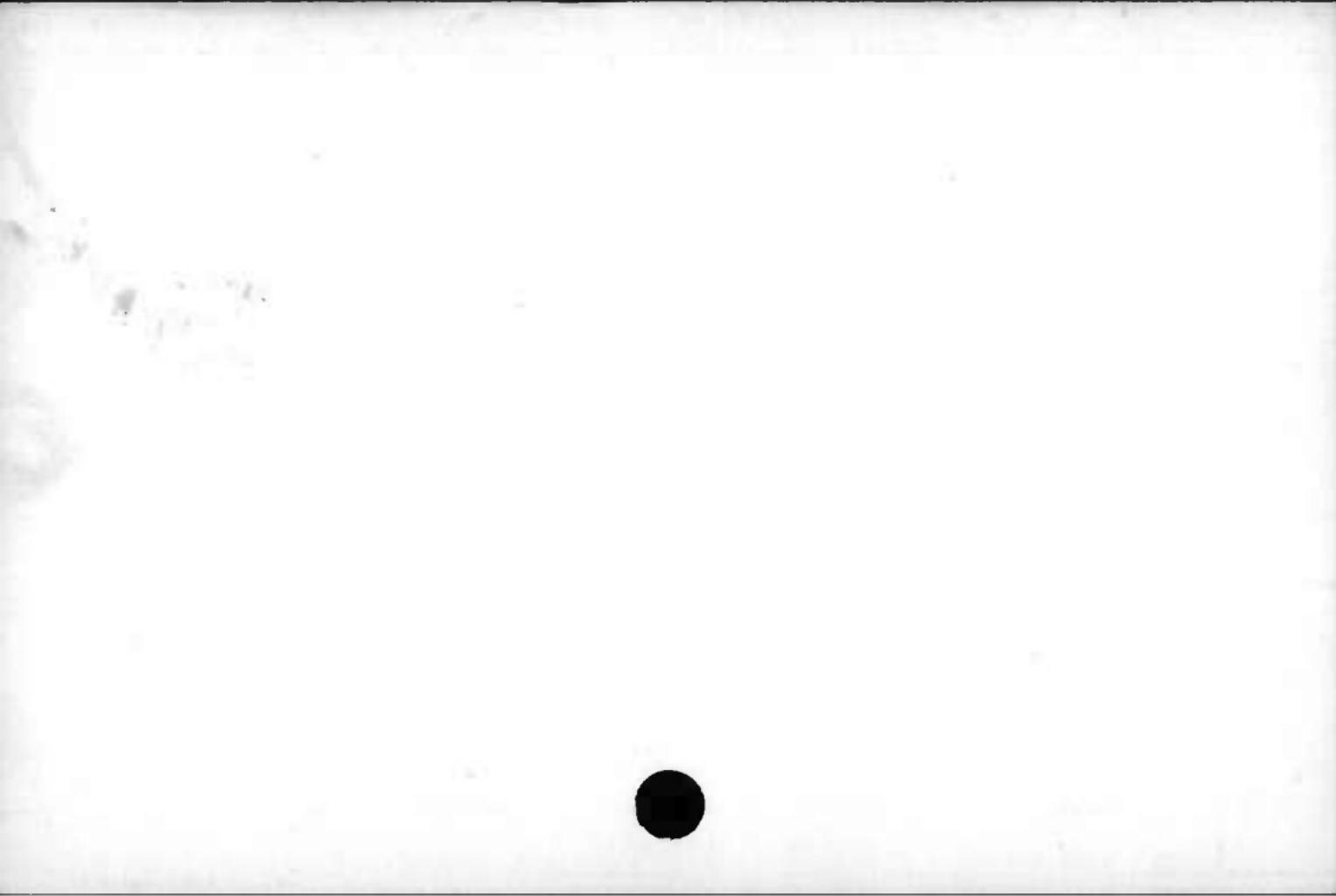
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	16	6	1
Occupation	Student		Where Residing if not at place of death	Dorchester Co		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Levin T. Keene		Father's Birthplace	Dorchester Co		
Mother's Maiden Name	Henrietta Jane		Mother's Birthplace	Dorchester Co		
Name of person giving Information	Levin T. Keene		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		27	How long
Immediate	Asthenia			3 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician		How long
		Dexter P. Reynolds M.D.		One month
			Address	Cambridge Md.
Accident or Suicide?				



Name
in
Full

Leota B. Kibble

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cambridge		County	Dorchester		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days	
Sex	female	Color or Race	white	Birth-place	Cambridge		
Occupation						Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Chas. W. Kibble		Father's Birthplace		Salisbury		
Mother's Maiden Name	Carrie Paellitt		Mother's Birthplace		Princess Anne		
Name of person giving Information	Chas. W. Kibble		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Splenitis - Bronch. Spinal.		(61)	How long	about 2 weeks
	Immediate	Heart Failure			How long	very short
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. E. Wolff M. D.	
				Address	Cambridge, Md.	
	Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary Koskie
Secretary

CERTIFICATE OF DEATH

Died at	Town	Dorchester			County	MARYLAND	
Date of death	Month	Day	Years	Months	Days		
1907	3	19		4			
Sex	Girl	Age	Color or Race	White	Birth-place	Dorchester	
Occupation	House girl			Where Residing if not at place of death			
Married, Single or Widowed	Singer	Name of Wife or Husband	nither				
Father's Name	Jos Koskie			Father's Birthplace	Germany		
Mother's Maiden Name	Lizzie Melisire			Mother's Birthplace	Same place		
Name of person giving information	Frank Koskie			How related to deceased	Brother		

CAUSES OF DEATH

Primary

unknown

179

How long don't know

Immediate

How long few hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

None

J. Abdell Jr
assistant to Board health

OR CORONER

Accident or Suicide?

5322

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month Mar	Day 2	Years 14	Months 9	Days 2	
Sex	Female	Color or Race	white	Birth-place	Wet		
Occupation	House Keeper		Where Residing if not at place of death	Cambridge			
Married, Single or Widowed	Single	Name of Wife or Husband	Fantiffie Lee				
Father's Name	George E. Lee		Father's Birthplace	Wet			
Mother's Maiden Name	Fantiffie Travers		Mother's Birthplace	Wet			
Name of person giving Information	Lee E. Lee		How related to deceased	Father			

CAUSES OF DEATH

Primary

Typhoid Fever

①

How long

10 days

Immediate

Heart failure

How long

PHYSICIAN
OR CORONER

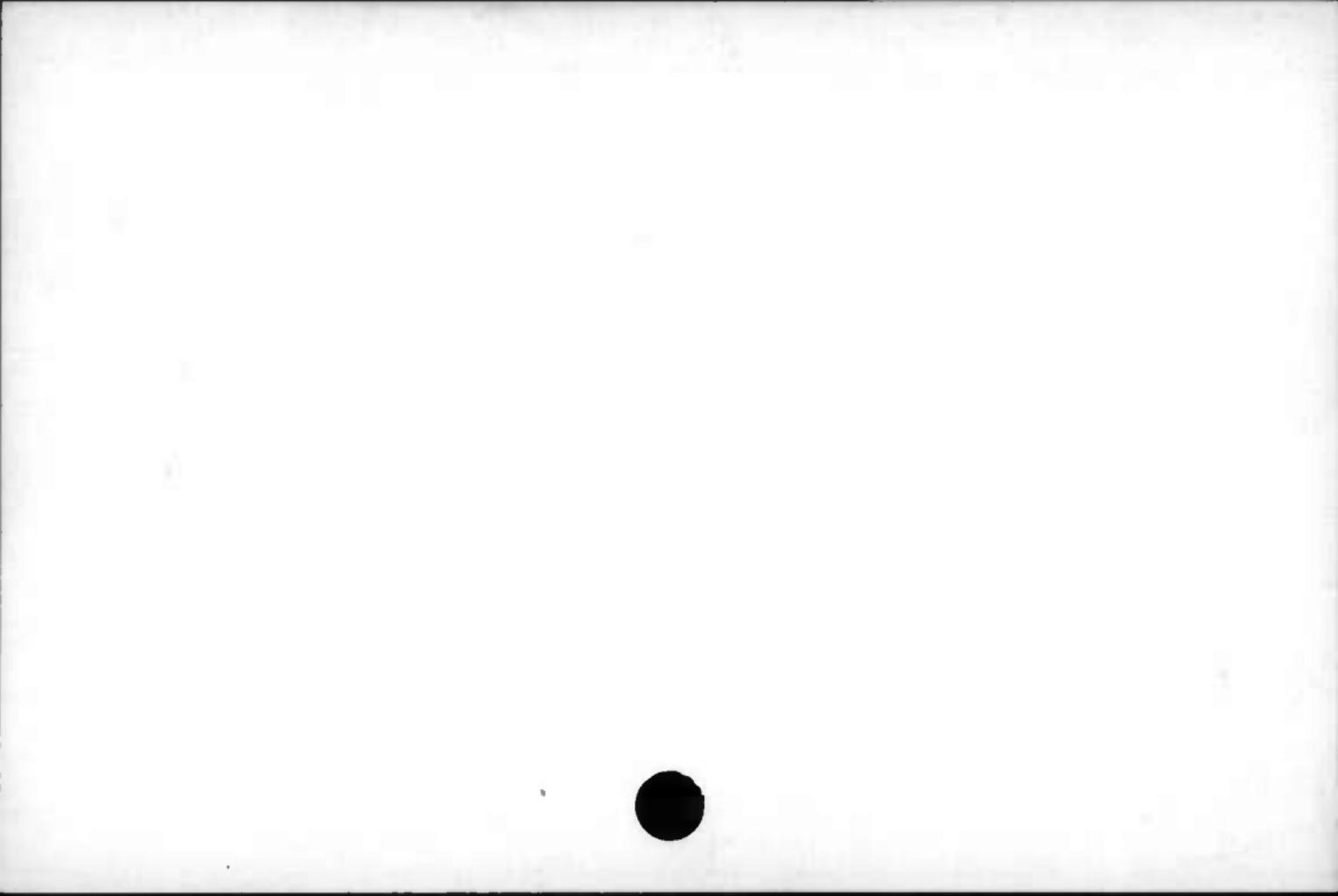
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Martin W Goldsmith
Cambridge Md.

Accident or Suicide?



Name
in
Full

Infant Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

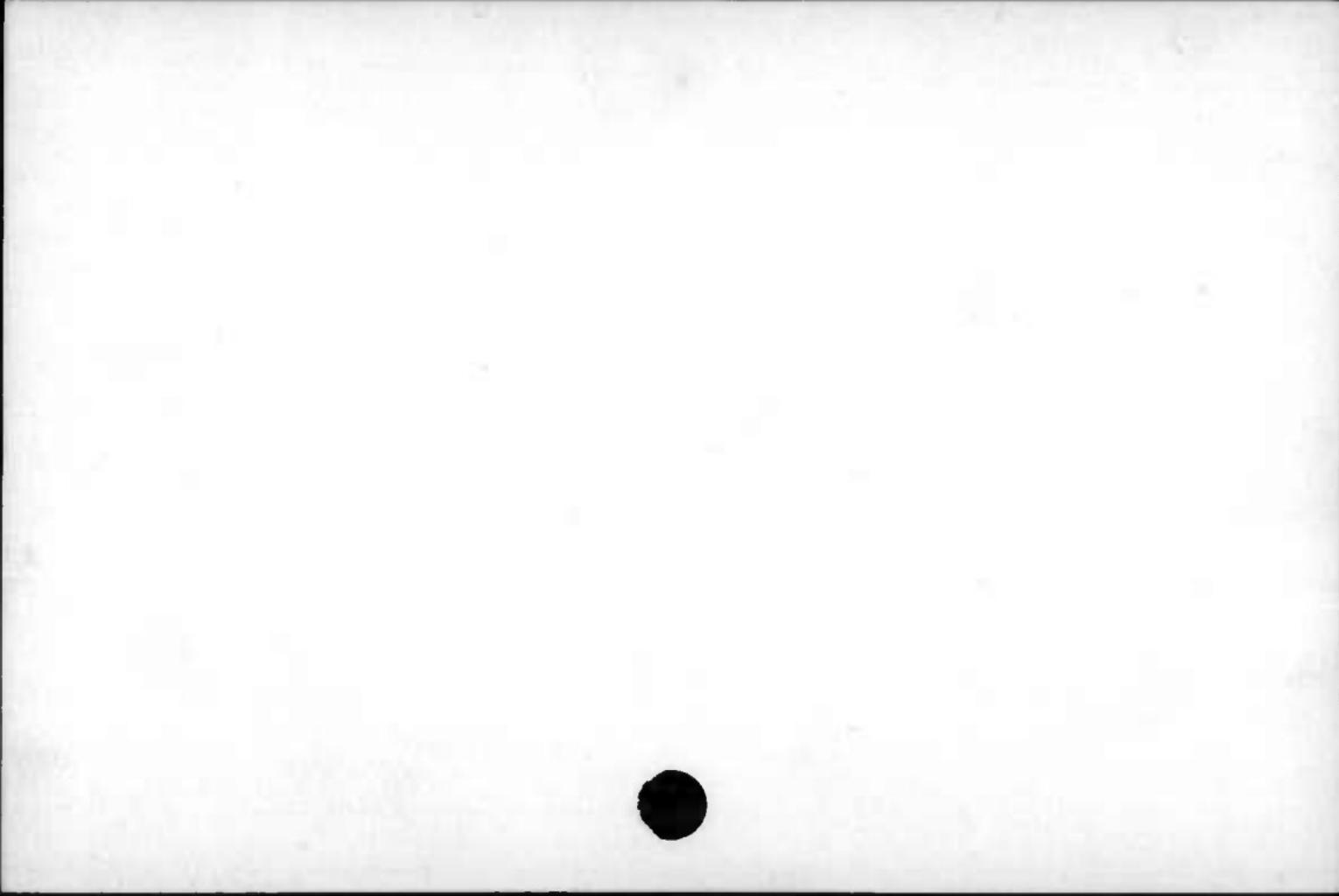
Died at	Town	County	MARYLAND		
Date of death 1907 Mar	Month 22	Age —	Years	Months	Days
Sex Male	Color or Race White	Birth-place Cambridge			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband Ella Marshall				
Father's Name J. E. Marshall	Father's Birthplace Md				
Mother's Maiden Name Ella Lacum	Mother's Birthplace Md				
Name of person giving Information J. E. Marshall	How related to deceased Father				

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary	Premature birth		How long
Immediate	new, circumsion		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician John W. Gandy Jr.	Address
Accident or Suicide?	no		



Name
in
Full

Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thommas</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1901</u>	Month <u>Mar</u>	Day <u>1</u>	Years <u>0</u>	Age <u>0</u>	Months <u>4</u>	Days <u>4</u>	
Sex <u>Boy</u>	Color or Race <u>White</u>	Birth-place <u>Thommas Md.</u>					
Occupation <u>none</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>						
Father's Name <u>L. Edgar Marshall</u>	Father's Birthplace <u>Md.</u>						
Mother's Maiden Name <u>Faith Spudder Marshall</u>	Mother's Birthplace <u>Md.</u>						
Name of person giving information <u>in self</u>	How related to deceased						

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Brachial convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

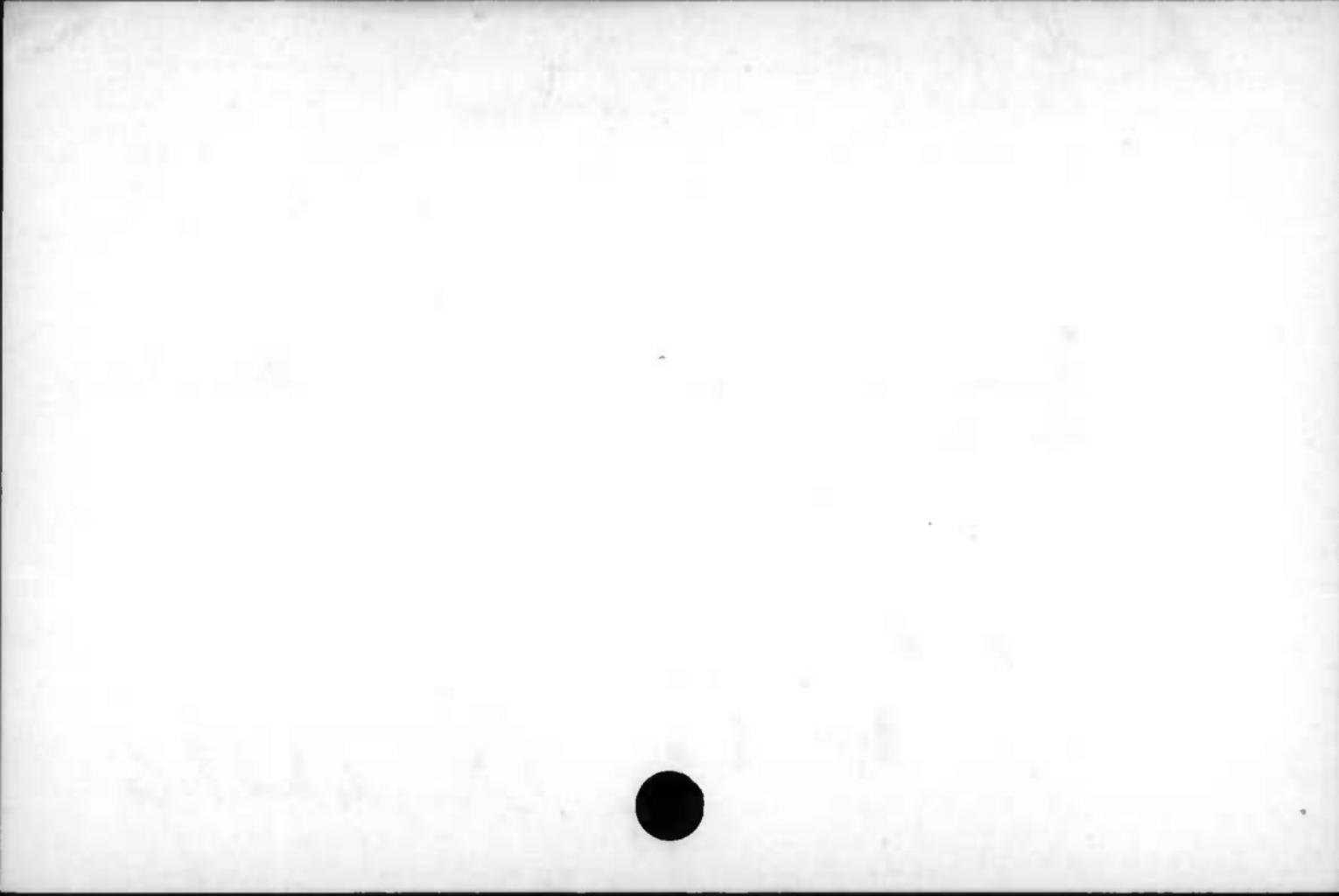
Signature of Physician

S A Stokes

Address

876 #5 Cambridge

Accident or Suicide?



Name
in
Full

Amuse Mason

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month March	Day 10	Years 2
Age 2	Months 11	Days 08	
Sex Male	Color or Race white	Birth-place Toddville	
Occupation 0	Where Residing if not at place of death 0		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Spending place
Father's Name	Joseph S Mason	Toddville	Spending place
Mother's Maiden Name	Elyzeth Robinson	Mother's Birthplace	Toddville
Name of person giving information	0	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

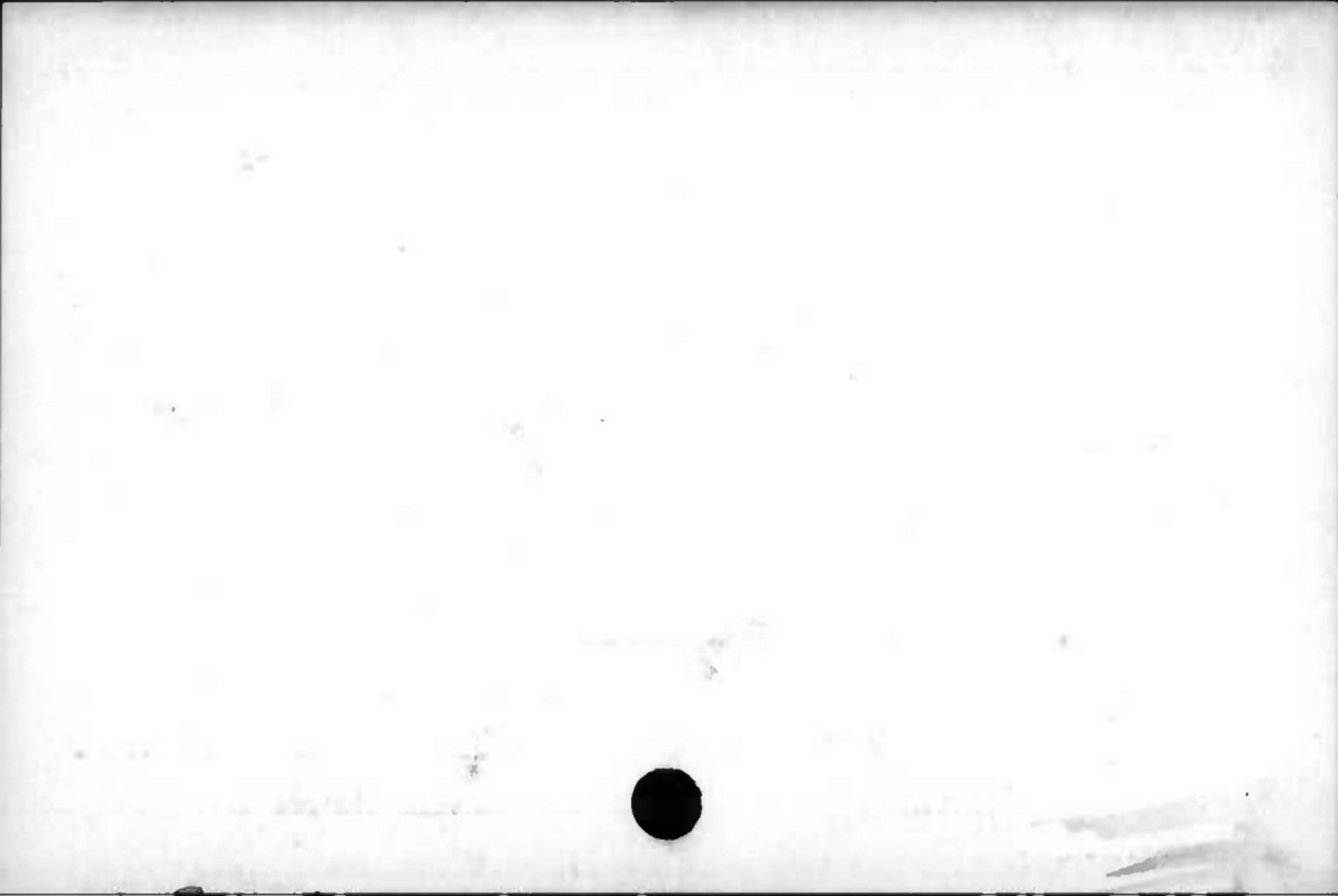
Primary	Laryngitis	88	How long
Immediate	Anemia		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elizabeth Monroe

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Died at	Eldersburg						
Date of death 190	7	Month 3	Day 16	Years 87	Months 8	Days 14	
Sex	Female	Color or Race	white	Occupation	Birth-place	unknown	
Married, Single or Widowed	Widow			now			
Name of Wife or Husband	Zora B Monroe						
Father's Name	John Craft				Father's Birthplace	Dr. G.	
Mother's Maiden Name	unknown				Mother's Birthplace	unknown	
Name of person giving Information	W. J. Nichols				How related to deceased	Son-in-law	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Severely
Severely

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

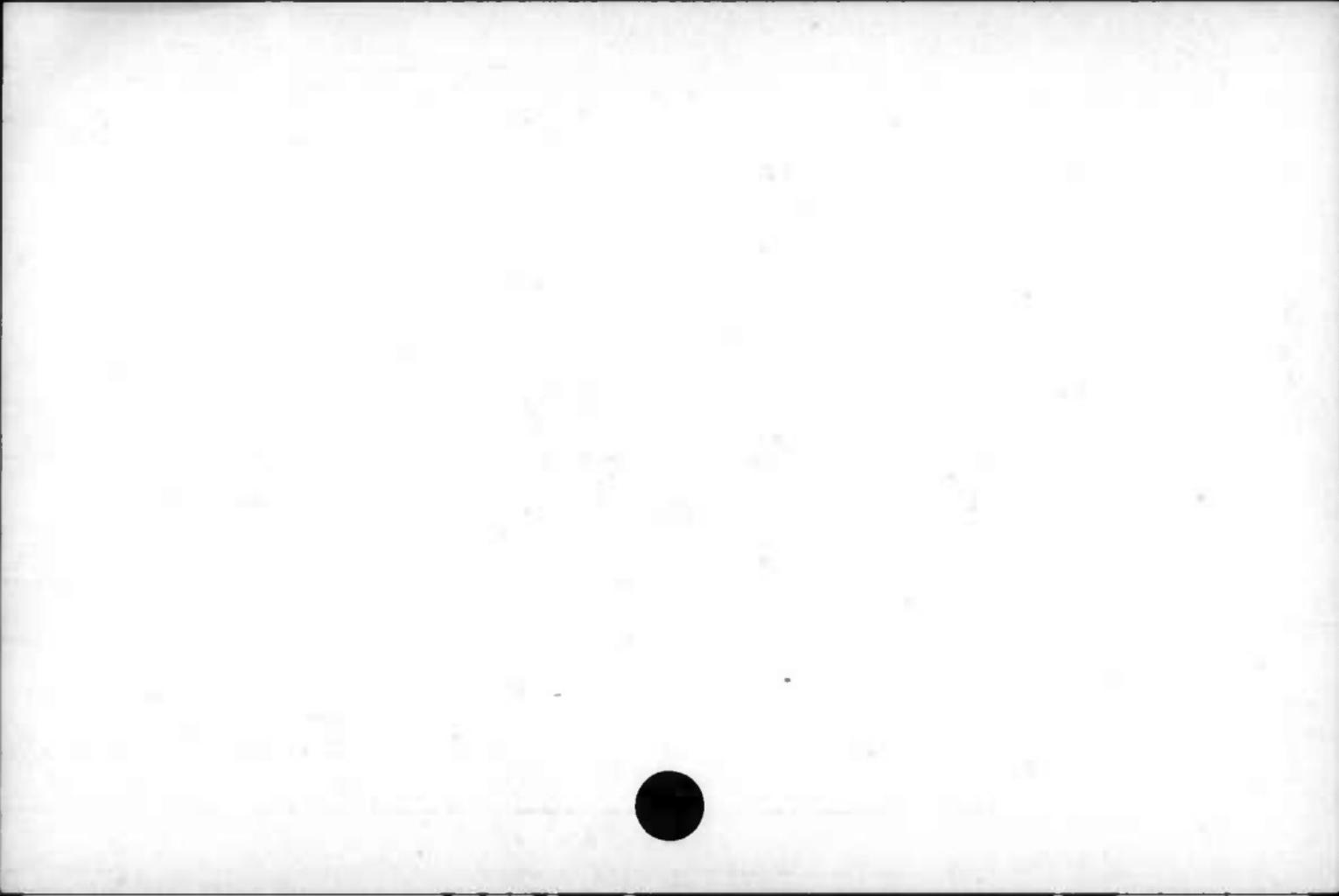
Signature of Physician

4 yrs

Address

G. Rogers Myers
Appleton

Accident or Suicide?



Name
In
Full

Margaret Pneumonia

CERTIFICATE OF DEATH

To BE ANSWERED BY

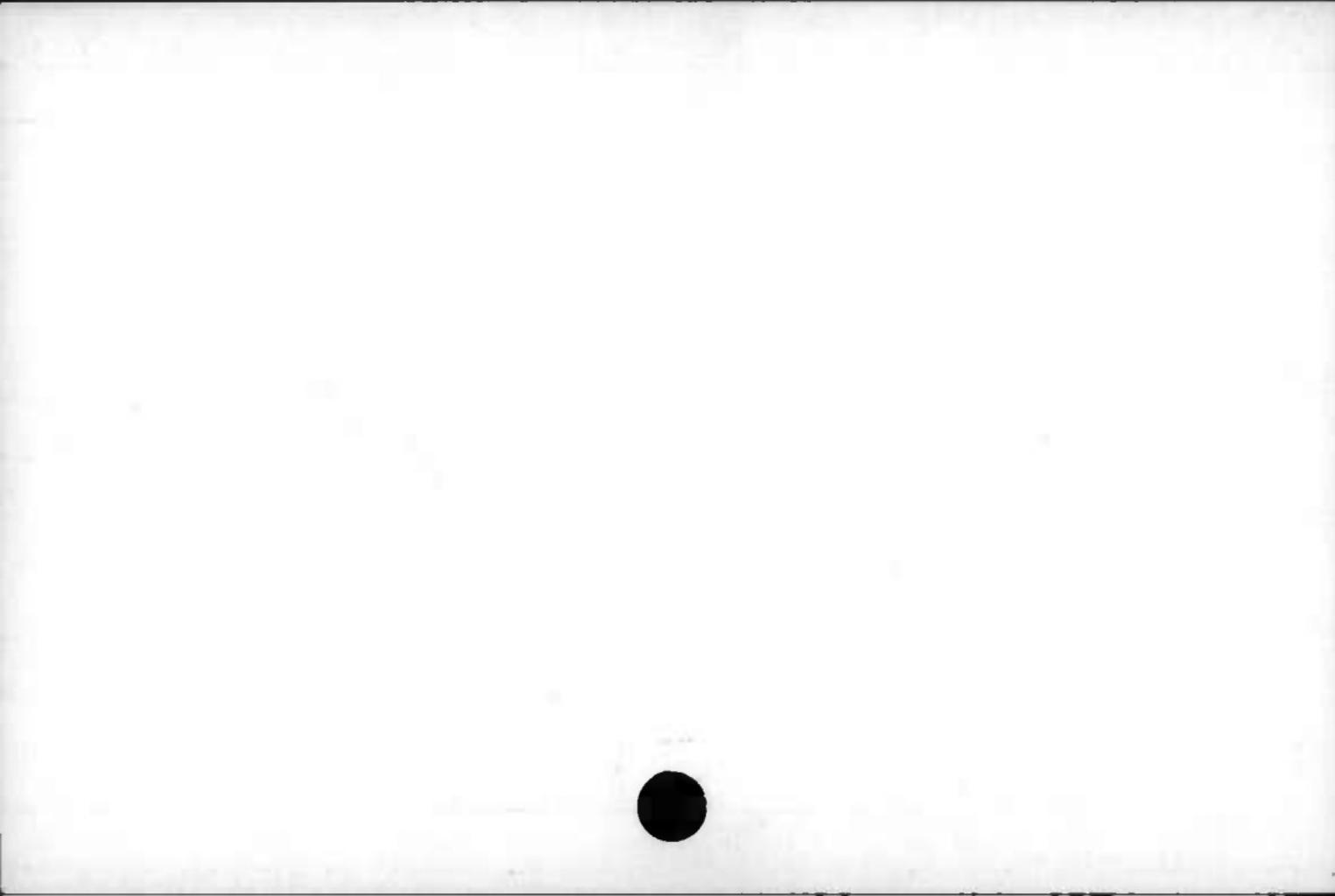
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1907	Month 3	Day 24	Years 73	Months 11	Days 6	
Sex female	Color or Race white	Birth-place Dor Co				
Married, Single or Widowed	Husband	Occupation				
Name & Father	Stanisberg Pneumonia					
Father's Name	Richard Corson					
Mother's Maiden Name	Leah Phillips					
Name of person giving information	Mrs C D Murphy					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		93	How long	10 days
Immediate	Emphysema			How long	10 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Roger Ryan		
		Address	Stevens St 112		
Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

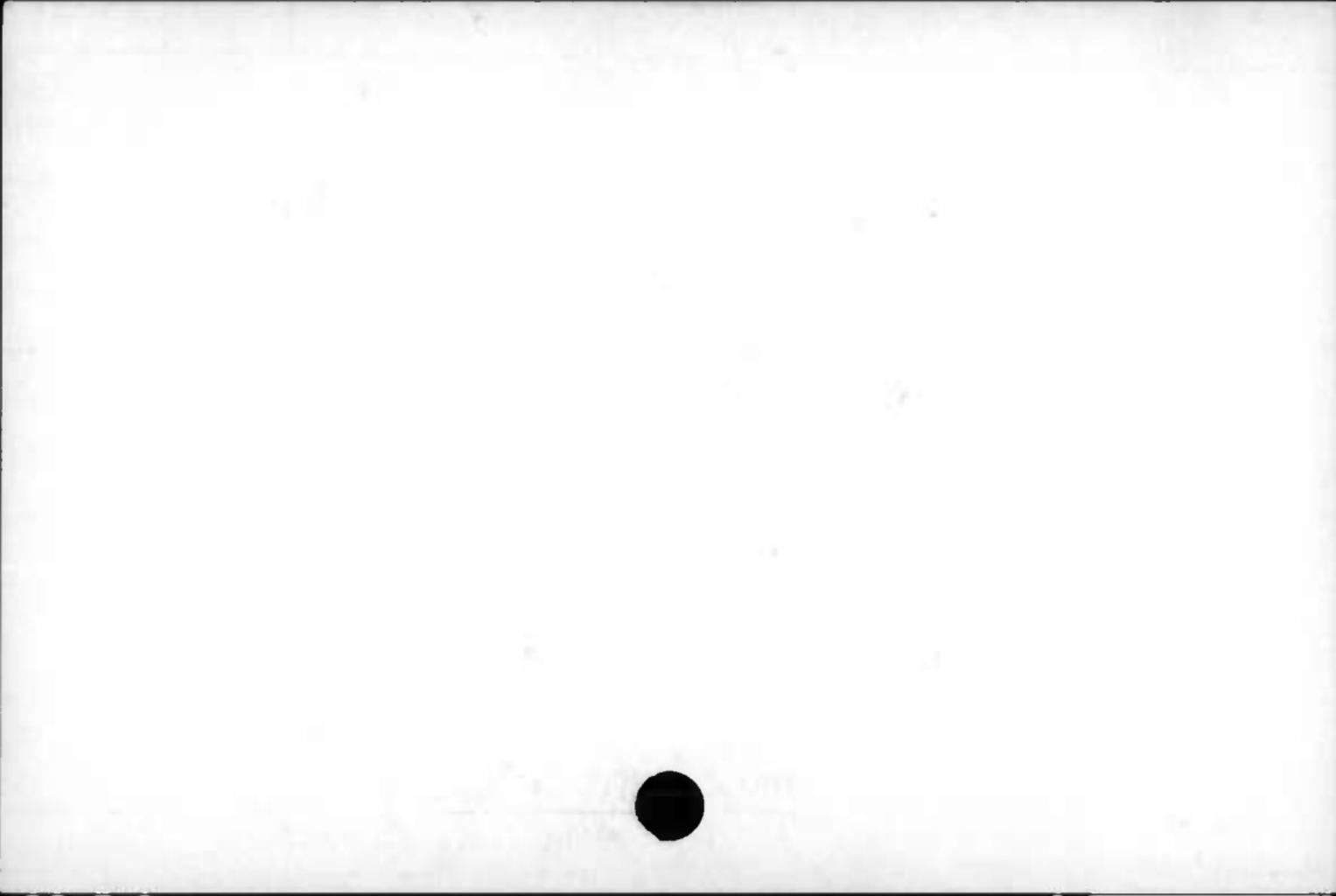
Mary Otho

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			home	
Married, Single or Widowed	Married	Name of Wife or Husband	Robert Otho		
Father's Name	Robert Jackson			Father's Birthplace	Don't Know
Mother's Maiden Name	Amelia Dobson			Mother's Birthplace	don't know
Name of person giving Information	Isaac Otho			How related deceased	Son

CAUSES OF DEATH

142

Primary	Senile Gangrene of foot		
Immediate	Shock following amputation		
Are the name, age, sex, color, date and place correctly given above?			
L/M			
PHYSICIAN OR CORONER	Signature of Physician	How long	
	Address	One minute	
		How long	
		3 days	
Accident or Suicide?	✓		



Name
in
Full

Martha Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Vienna</u>		Town		County		on <u>or</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>20</u>	Age <u>90 about</u>	Years <u>90</u>	Months <u>about</u>	Days <u>0</u>			
Sex <u>Femal</u>	Color or Race <u>Blk</u>				Birth-place <u>Co</u>				
Occupation <u>H.W.</u>	Where Residing if not at place of death								
Married, Single or Widowed	Name of Wife or Husband								
Father's Name									
Mother's Maiden Name									
Name of person giving Information	Geo. M. Cready								

CAUSES OF DEATH

(154)

Primary Old age How long .

Immediate of hunger How long

Are the name, age, sex, color, date and place correctly given above?

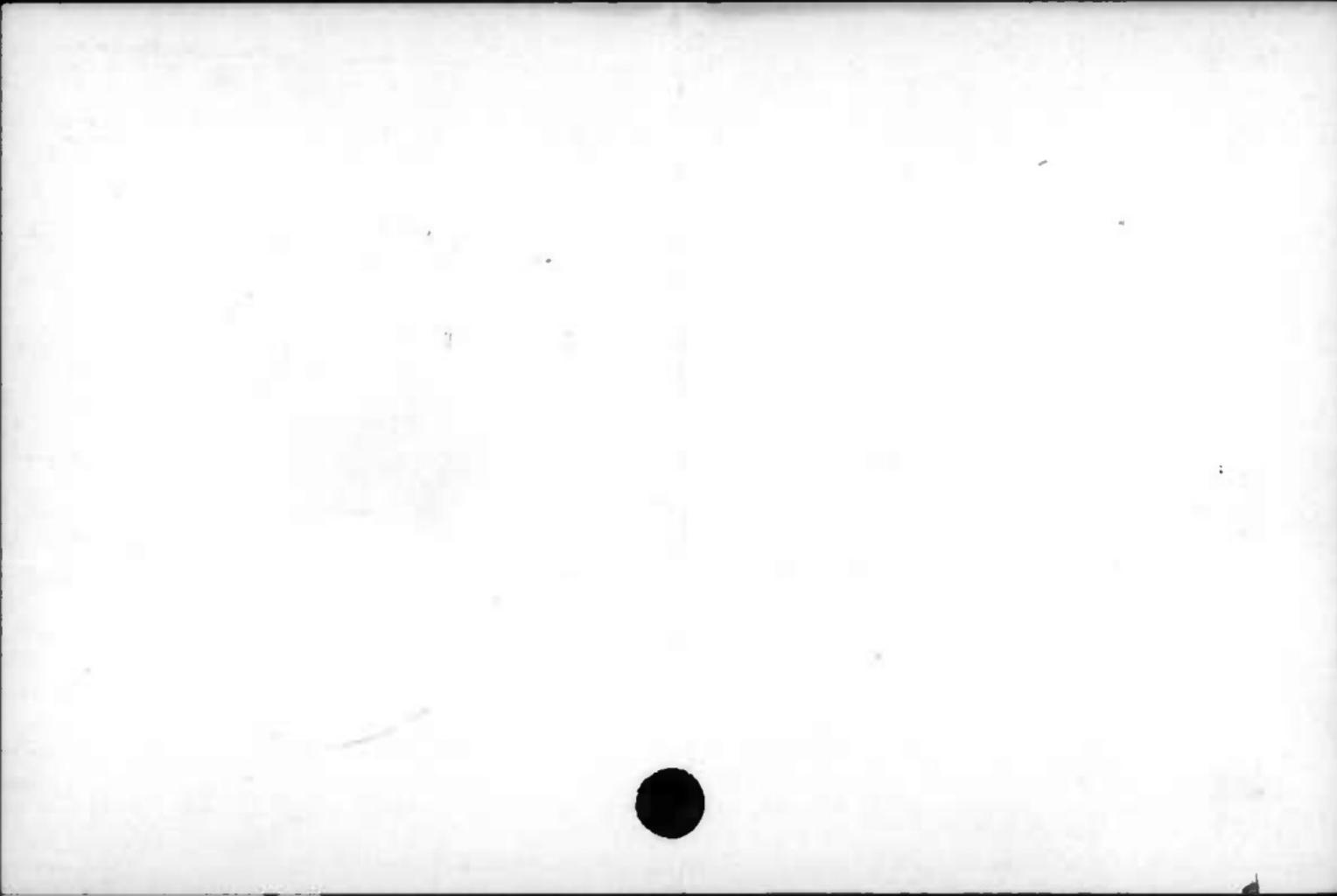
yes

Signature of Physician

Address

O Brookdale
Vienna
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Parker				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1909	Month 3	Day 25	Years 90	Months	Days
Sex	Female		Color or Race	Black		
Occupation	House work		Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name						
Mother's Maiden Name						
Name of person giving Information	Geo McQuade					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	How long
Immediate	" "	How long

Are the name,age,sex,color,date and place correctly given above?

yes

Signature of Physician

Address

6 Brookmawka
Princia, Md

Accident or Suicide?

جَمِيعُ الْكُلُوبِ

يَسِيرُونَ بِهِ الْأَرْضَ

وَالْمُلْكُ لِلَّهِ الْعَظِيمِ

إِنَّمَا يَنْهَا عَنِ الْأَرْضِ

مَا لَمْ يَنْعَمْ بِهِ أَهْلُهُ

أَنَّمَا يَنْهَا عَنِ الْأَرْضِ

مَا لَمْ يَنْعَمْ بِهِ أَهْلُهُ

Name
in
Full

Gustavus Parks

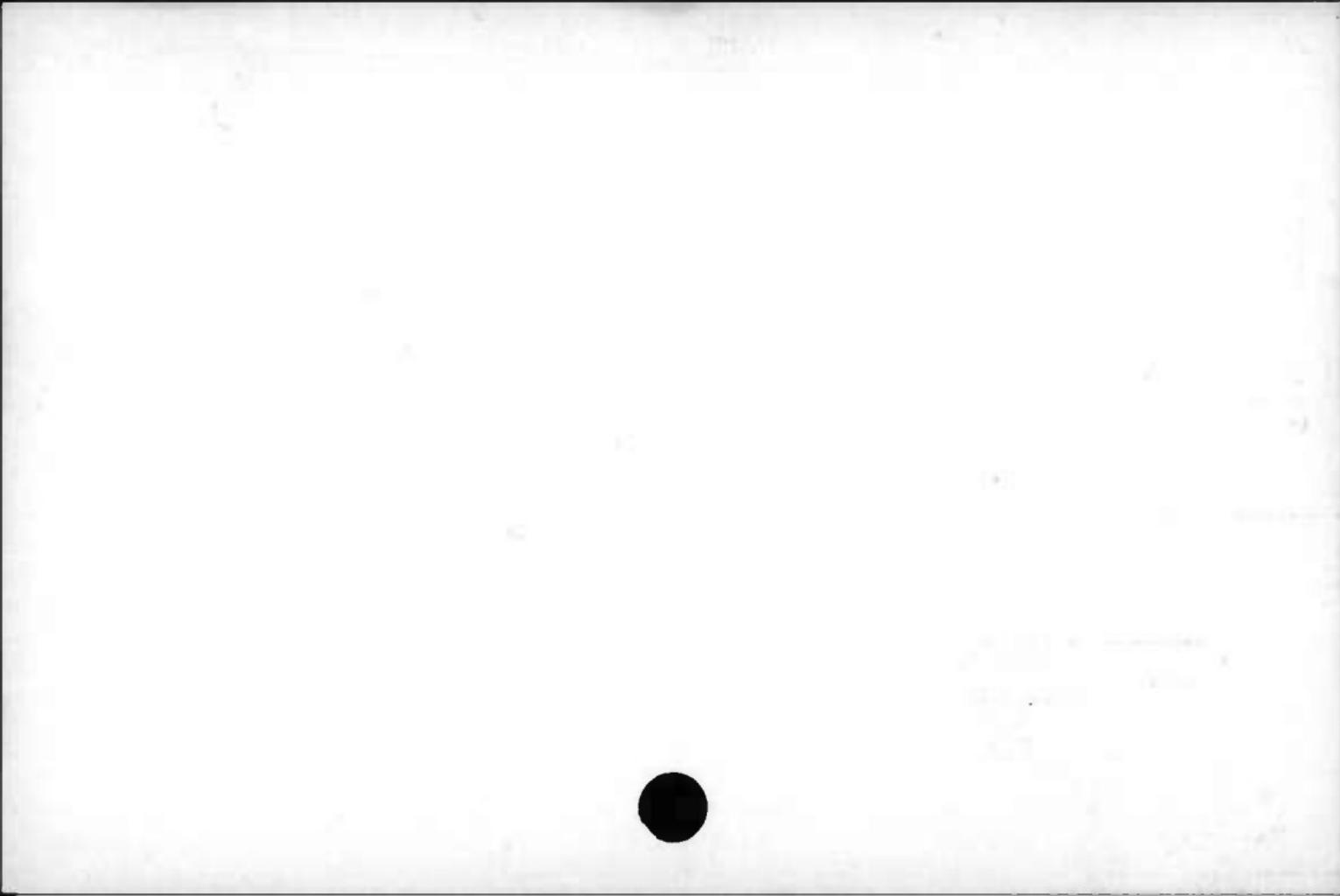
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death Cambridge			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Parks	Father's Birthplace	Maryland
Father's Name	Wm Henry Parks				
Mother's Maiden Name	Matilda Mac Donnell	Mother's Birthplace "			
Name of person giving information	Mary Parks	How related to deceased wife			

CAUSES OF DEATH

Primary	Bright Disease	(120)	How long	4 weeks
Immediate	Vaccination		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	George Steele
			Address	Cambridge Md at Cambridge Hospital ✓
Accident or Suicide?				



Name
in
Full

Florance Lammons

CERTIFICATE OF DEATH

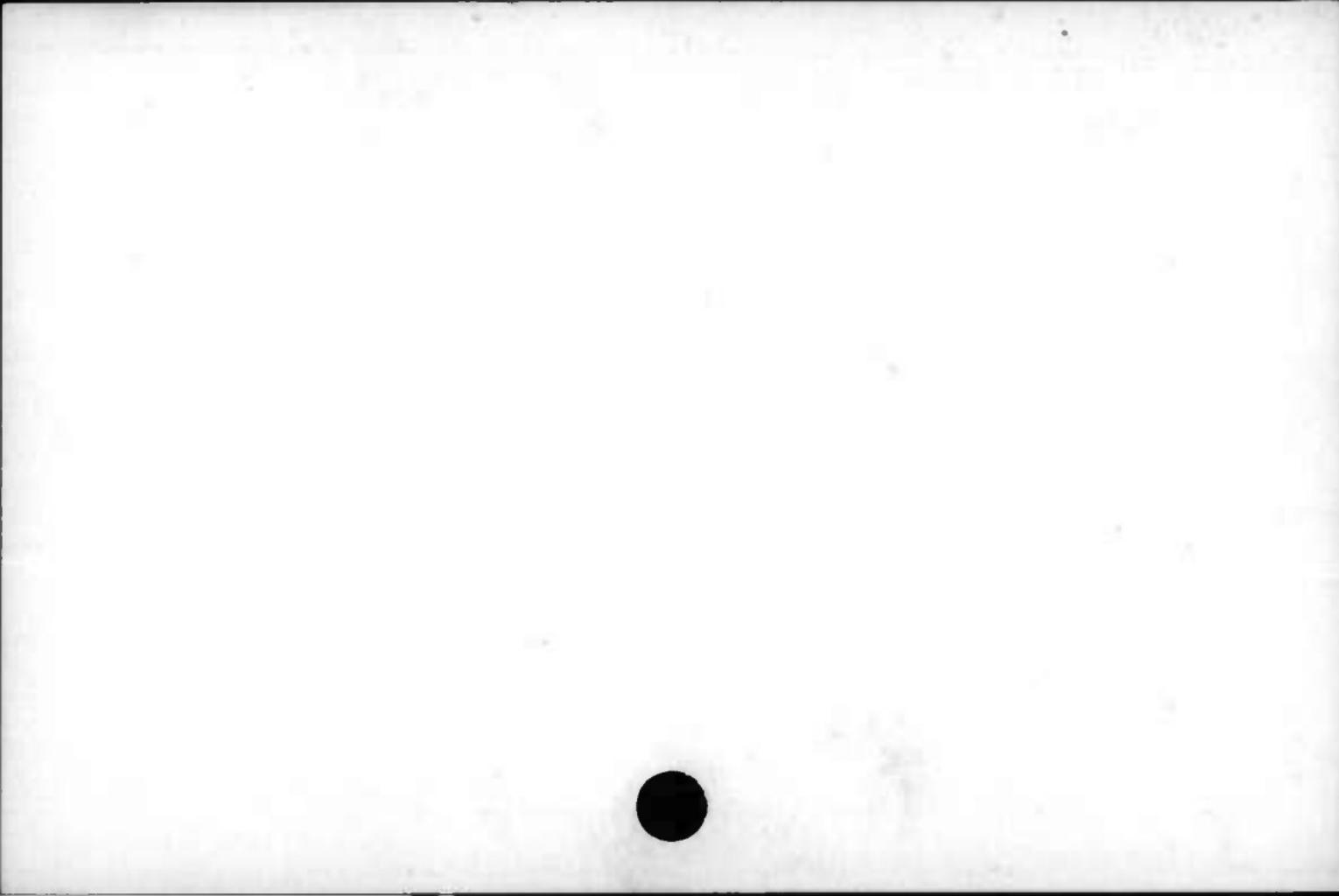
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month March	Day 25	Years 2	Months 7	Days 2
Sex Female	Color or Race White	Birth-place	Cambridge		
Occupation Child	Where Residing if not at place of death	Cambridge			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Caroline Co		
Mother's Maiden Name	Maggie Sinclair	Mother's Birthplace	Dorchester ^{to}		
Name of person giving Information	Frank Lammons	How related to deceased	Caroline Co		

CAUSES OF DEATH

92

PHYSICIAN OR CORONER	Primary	Bronch-Pneumonia	How long	2 months
	Immediate	Heart Failure	How long	very short
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	E.W. Wolff	
	yes	Address	Cambridge, Md	
	Accident or Suicide?		✓	



Name
in
Full

Mary Ann Sampson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph Sampson		Father's Birthplace			
Mother's Maiden Name	Anna Sampson		Mother's Birthplace			
Name of person giving Information	Joseph Sampson		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

① 20 or 30 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Am Vincent West



Accident or Suicide?

Doctor Guy Sheek
Cambridge
Md

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary Sampson

CERTIFICATE OF DEATH

MARYLAND

Died at Dickwood Town Dorchester County
Date of death 1907 Month 3 Day 31 Years 20 Months Days

Sex

Female

Color or
Race

Color

Birth-
place

Dorchester

Occupation

Housework

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph E Sampson

Father's
Birthplace

Anhymn

Mother's
Maiden Name

Aurie Jackson

Mother's
Birthplace

Unknown

Name of person giving
Information

Joseph E Sampson

How related
to deceased

Father

CAUSES OF DEATH

(1)

How long

How long

Oxid Feaver

Exhaustion

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

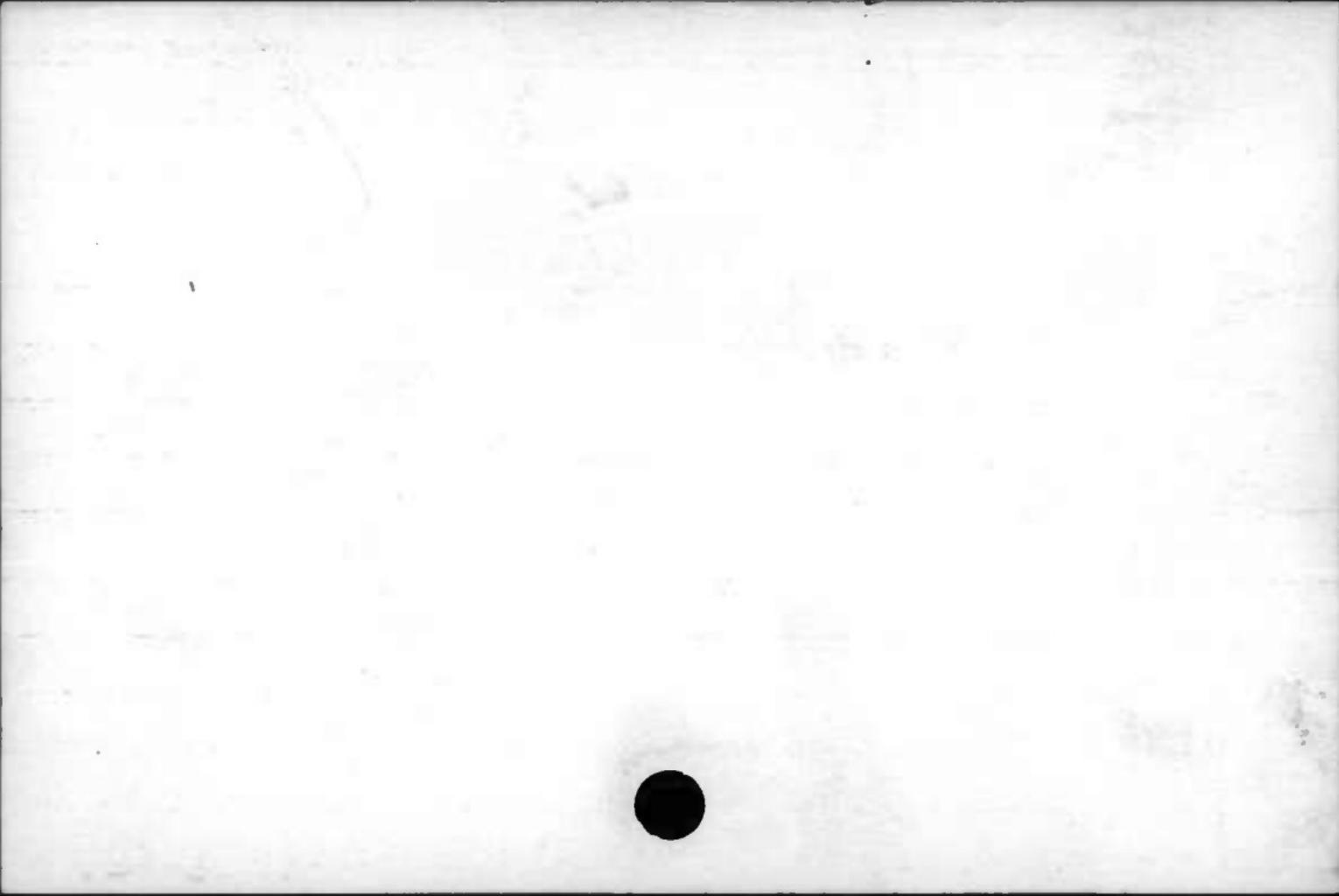
Yes

Signature of
Physician

Address

Guy Steele M.D.
Cambridge Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Myra A. Seward

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Jamison	Winchester					
Date of death 1908	Month	Day	Years	Months	Days	
July	man	30	—	2	—	
Sex Female	Color or Race	white	Birth-place	Jamison		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	none				
Single						
Father's Name	Geo W Seward					Father's Birthplace
Mother's Maiden Name	Hathie S. Marshall					Mother's Birthplace
Name of person giving information	Lloyd Seward					How related to deceased
none						

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary Tuberculosis?

Immediate marasmus

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S A Shiers M.D.

Rt 65 - Jamison
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Not named					Stewart		CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND			
Died at	Cambridge	Baltimore						
Date of death	1907 Mar	Month	Day	Years	Months	Days		
	7	Mar	1	Age		few hours		
Sex	1 male 1 female	Color or Race	white	Birth-place	Cambridge			
Occupation				Where Residing if not at place of death	Cambridge			
Married, Single or Widowed	Name of Wife or Husband		Sadie M. Stewart					
Father's Name	J. R. Stewart		Father's Birthplace			Md		
Mother's Maiden Name	Sadie M. Conaway		Mother's Birthplace			Md		
Name of person giving Information	J. R. Stewart		How related to deceased			Father		

CAUSES OF DEATH

Primary

Promolum birth

151

How long

2 hours

Immediate.

Exhausted

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

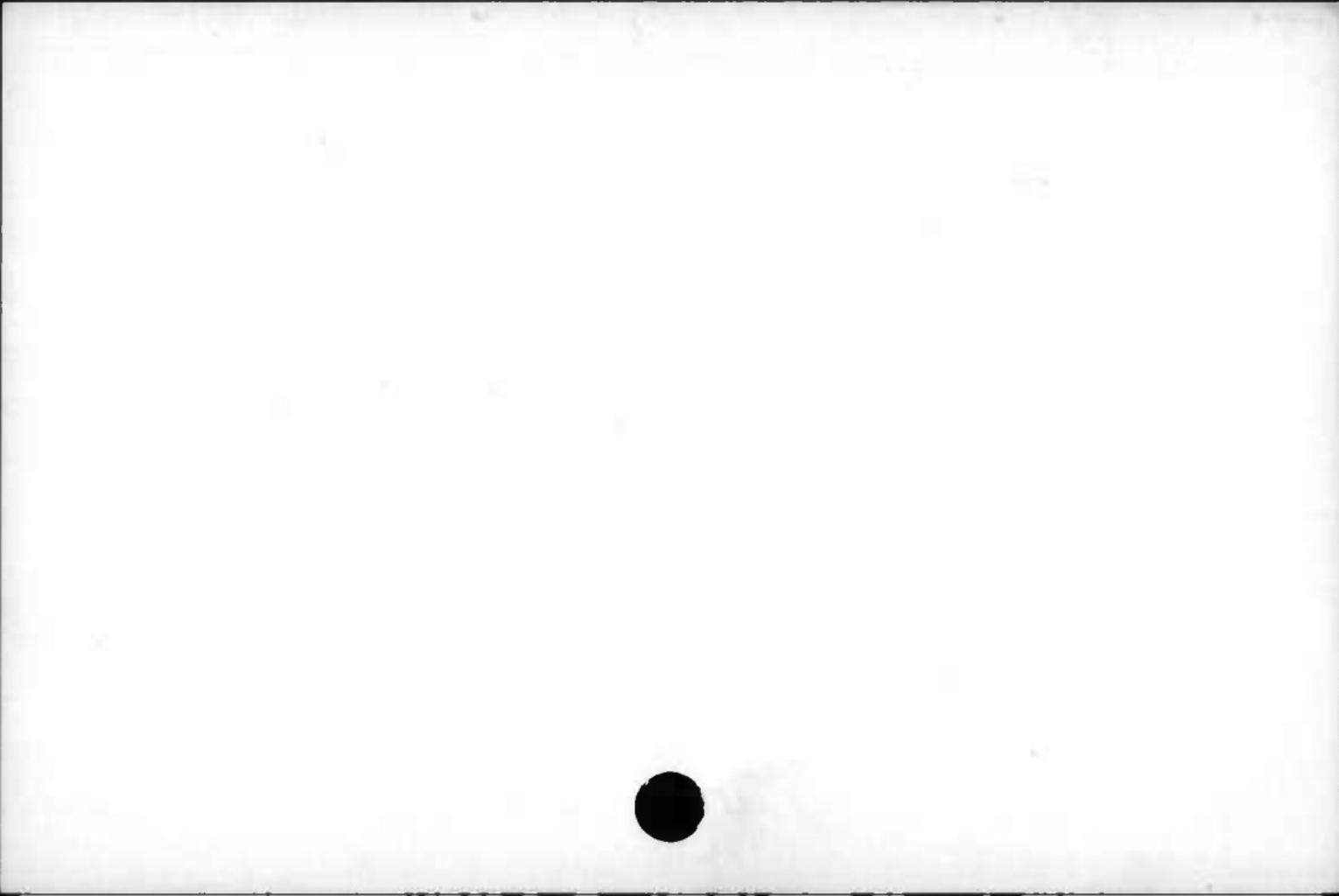
Signature of Physician

Address

John Moore Md,
Cambridge. Md

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

190

Month

Day

Years

Months

Days

7 Mar 29

Age

67

Sex

Female

Color or
Race

White

Birth-
place

unknown

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Thom Thomas

Father's
Name

M. Borodawic

Father's
Birthplace

unknown

Mother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
Information

M E Thomas

How related
to deceased

Son

CAUSES OF DEATH

(10)

How long

3 yrs

How long

2 weeks

Primary

Valvular disease of heart

Immediate

In Gal pipe

Are the name, age, sex, color, date
and place correctly given above?

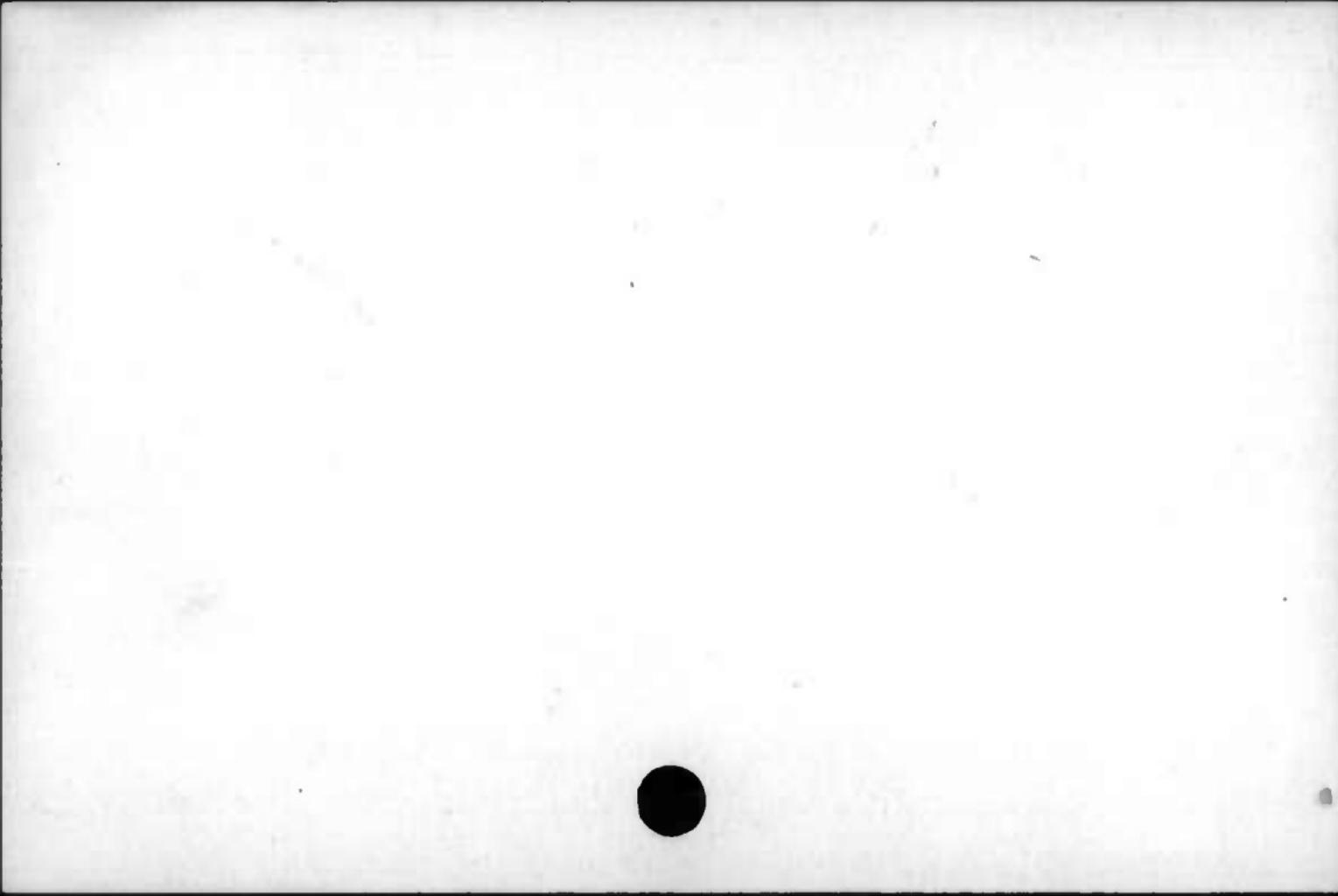
yes

Signature of
Physician

Address

Ottawa
Hull St. No.PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

James Todd

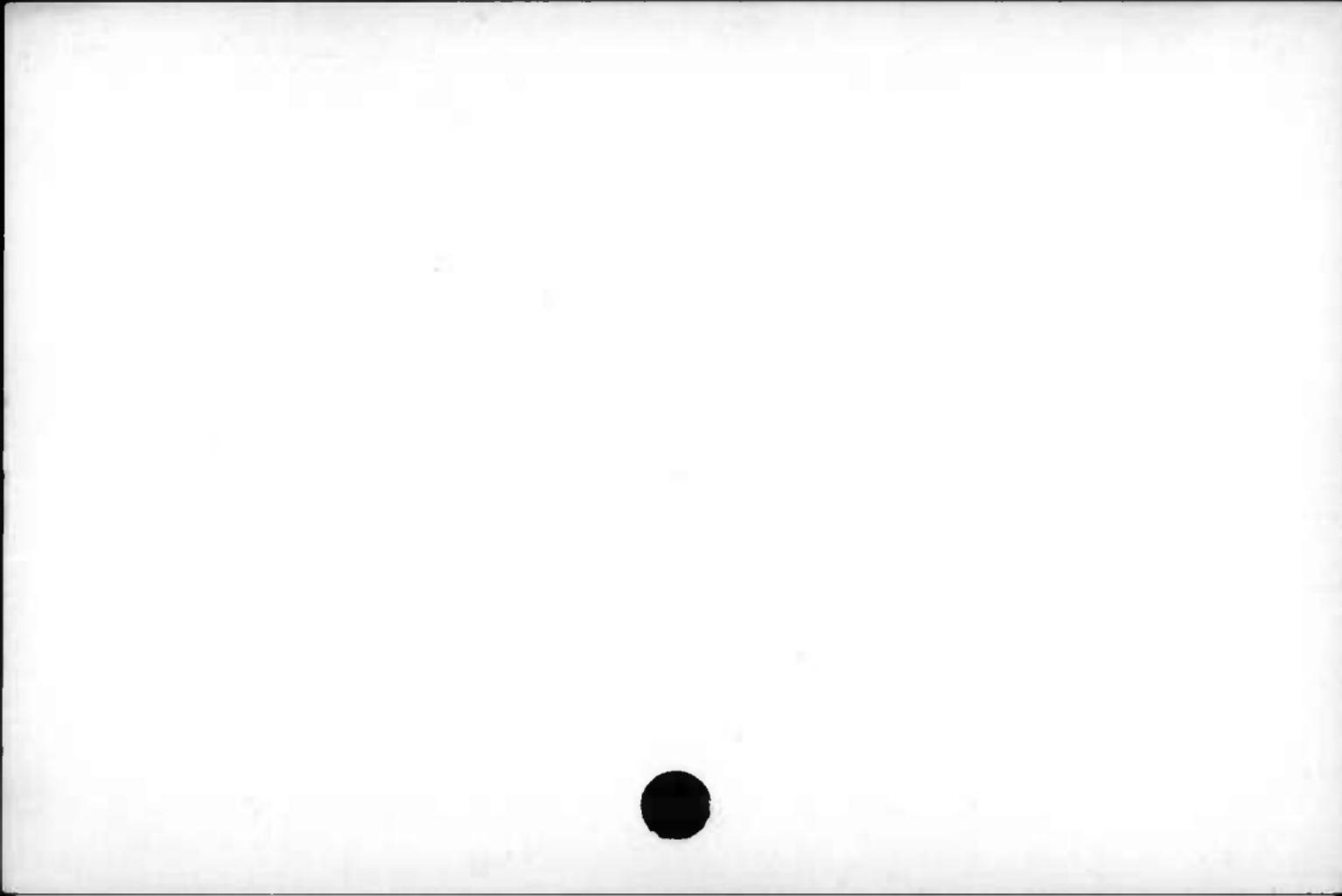
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Toddsville</u>		Town	County <u>Hanover</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>20</u>	Years <u>63</u>	Age <u>63</u>	Months <u>6</u>	Days <u>27</u>
Sex <u>male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation <u>Sailor (retired)</u>			Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Priscilla Todd</u>		Father's Birthplace <u>Md</u>			
Father's Name <u>Basil Todd</u>			Mother's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Unknown</u>			How related to deceased <u>Son</u>			
Name of person giving Information <u>Arthur Todd</u>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Suicide</u>	(10)	How long <u>3 months</u>
	Immediate <u>Diarrhoea</u>		How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. A. G. Jones</u>	Address <u>100 W. Pratt St., Baltimore, Md.</u>
Accident or Suicide?		✓	



Name
In
Full

Capt. James E. Todd

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	64	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Cambridge "		
Father's Name	Purcell Todd			
Mother's Maiden Name	Do not know			
Name of person giving Information	Wester Todd			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	94	How long
	Pleurisy - Tumour		1 week
Immediate		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Martin W Goldsborough
		Address	Cambridge
Accident or Suicide?	No		



Name
in
Full

Annie V Travess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Fishings creek</u>		Town	Da	County	MARYLAND	
Date of death <u>1904</u>	Month <u>Mar</u>	Day <u>1</u>	Age <u>2</u>	Years	7 Months	11 Days
Sex <u>female</u>	Color or Race <u>White</u>			Birth-place <u>Fishings creek</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Jacob S Travess</u>	Father's Birthplace <u>Fishings creek</u>					
Mother's Maiden Name <u>Brida Woodlandy</u>	Mother's Birthplace <u>Bushes Head</u>					
Name of person giving Information <u>Jacob Travess</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
Primary <u>Measles Bronchopneumonia</u>	⑥					How long <u>2 Weeks</u>
Immediate						How long <u>2</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W H Hanston

Address

Fishings creek and

Accident or Suicide?



Name
in
Full

Ida Trice

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Hurlock,

Town

County

MARYLAND

Date
of death

1907

Month

March 11

Day

Years

50

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Dorchester Co.

Occupation

Housewife

Where Residing if not
at place of death

Hurlock

Married, Single
or Widowed

Name of Wife or
Husband

Geo Trice

Father's
Birthplace

Father's
Name

Nicols Bright

Hurlock

Mother's
Maiden Name

Mary Johnson

Mother's
Birthplace

Name of person giving
Information

J W Stevens

How related
to deceased

Sister-in-law

CAUSES OF DEATH

10

How long

Primary

Labor & delivery & pleural
Erysipelas & Pyelitis

2 weeks

Immediate

Erysipelas & Pyelitis

How long

1 week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

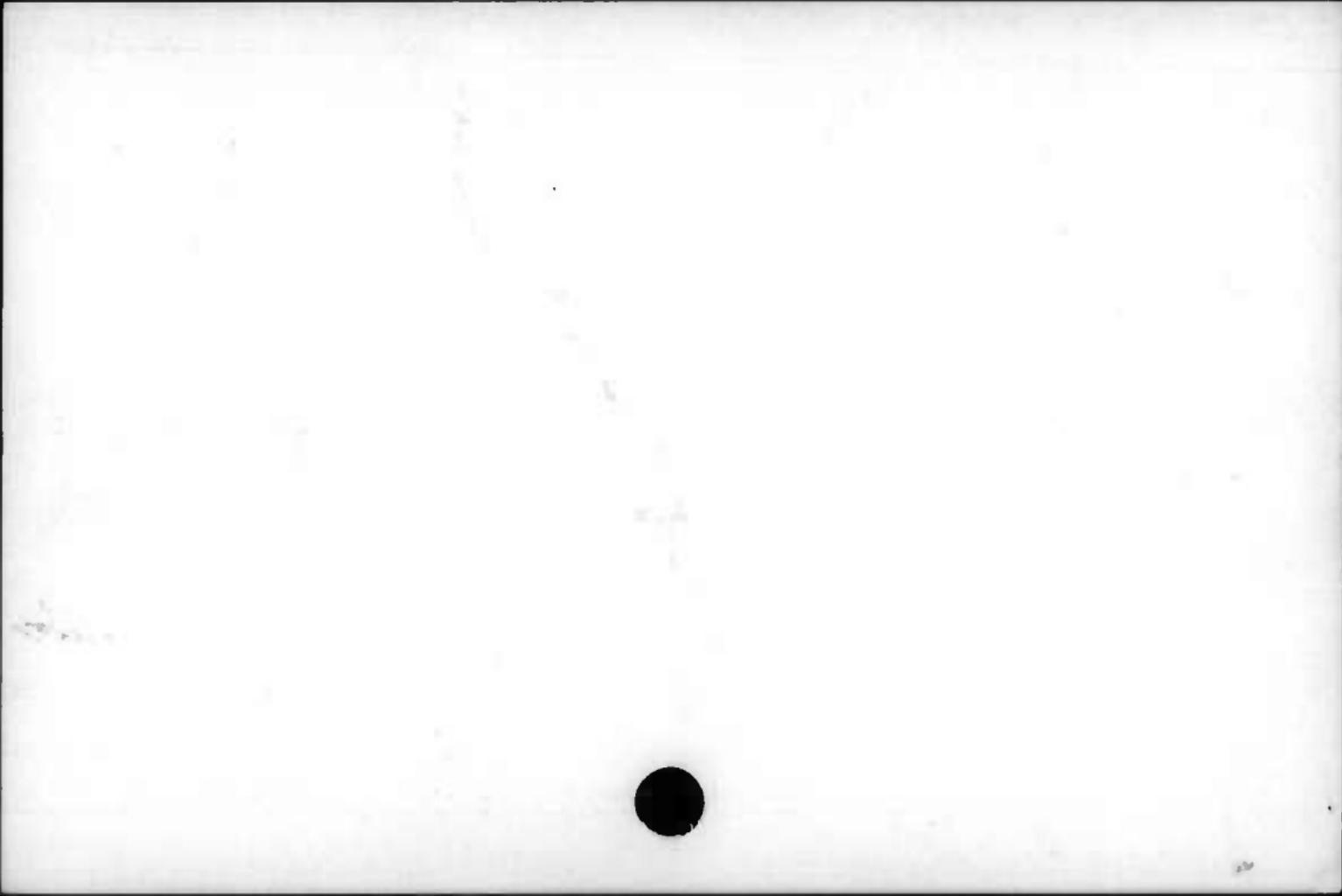
Signature of
Physician

Address

P. J. Maguire

Hurlock Md.

Accident or Suicide?



Name
in
Full

Martha Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation			Where Residing, not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Tom. A. Tyler			
Father's Name	Sarahah Parks		Father's Birthplace	Dorchester Co.		
Mother's Maiden Name	Mary Wrotay		Mother's Birthplace	Dorchester Co.		
Name of person giving information	Julia A. Tyler		How related to deceased	Daughter		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

natural causes

How long
Did Suddenly

Immediate

Exact cause unknown

How long

Are the name, age, sex, color, date and place correctly given above?

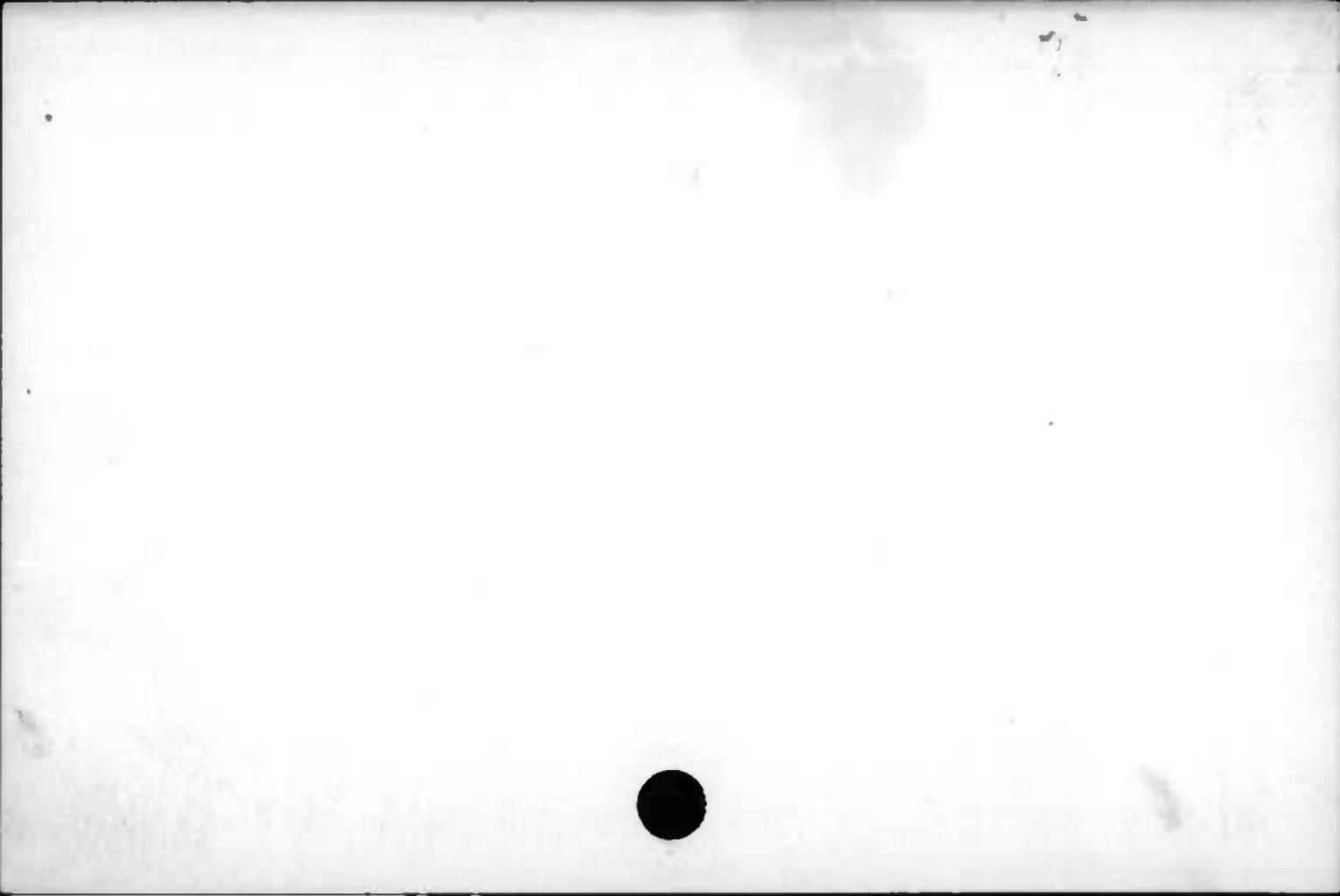
Signature of Physician

Yes

Address

Lorraine P. Ashby,
Hoopersville Ind.

A [redacted]?



Name
in
Full

Martha Wondor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Baltimore	Baltimore	
Date of death 190	Month 7	Day 27	Years 60
Sex female	Color or Race white	Birth-place Wyoming Co	Days
Married, Single or Widowed	Occupation		
Name of Wife or Husband	Widow	Housekeeper	
Father's Name	Jacob Wondor	Father's Birthplace Wyoming Co	
Mother's Maiden Name	Lucy Moore	Mother's Birthplace	
Name of person giving information	Nelley Wondor	How related to deceased	son

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Heart failure

How long

Immediate

The same

How long

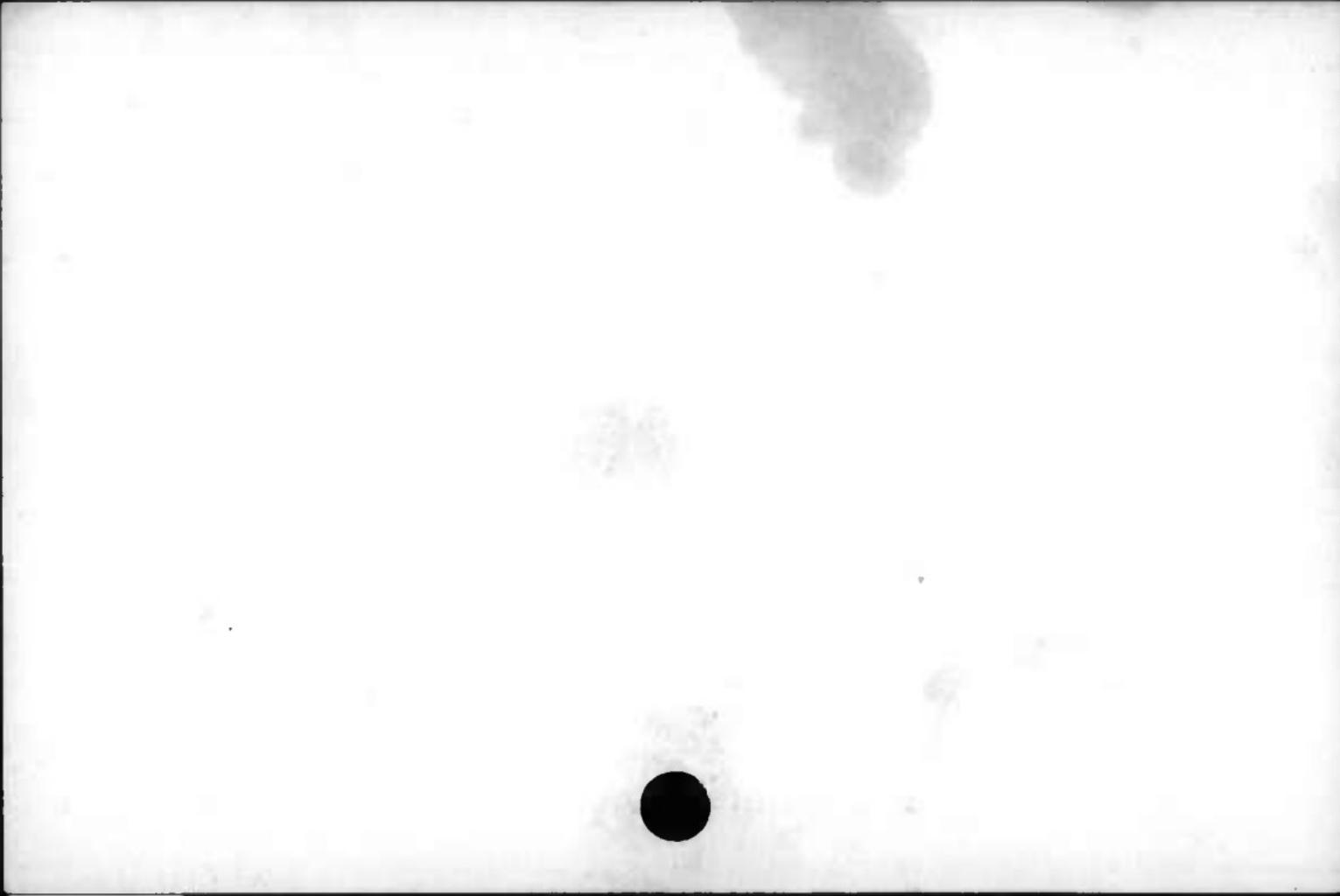
Are the name, age, sex, color, date and place correctly given

✓ natural
yes

G Roger Rogers

✓ died bed

Accident or Suicide?



Name
in
Full

Jethro T. Woolford.

CERTIFICATE OF DEATH

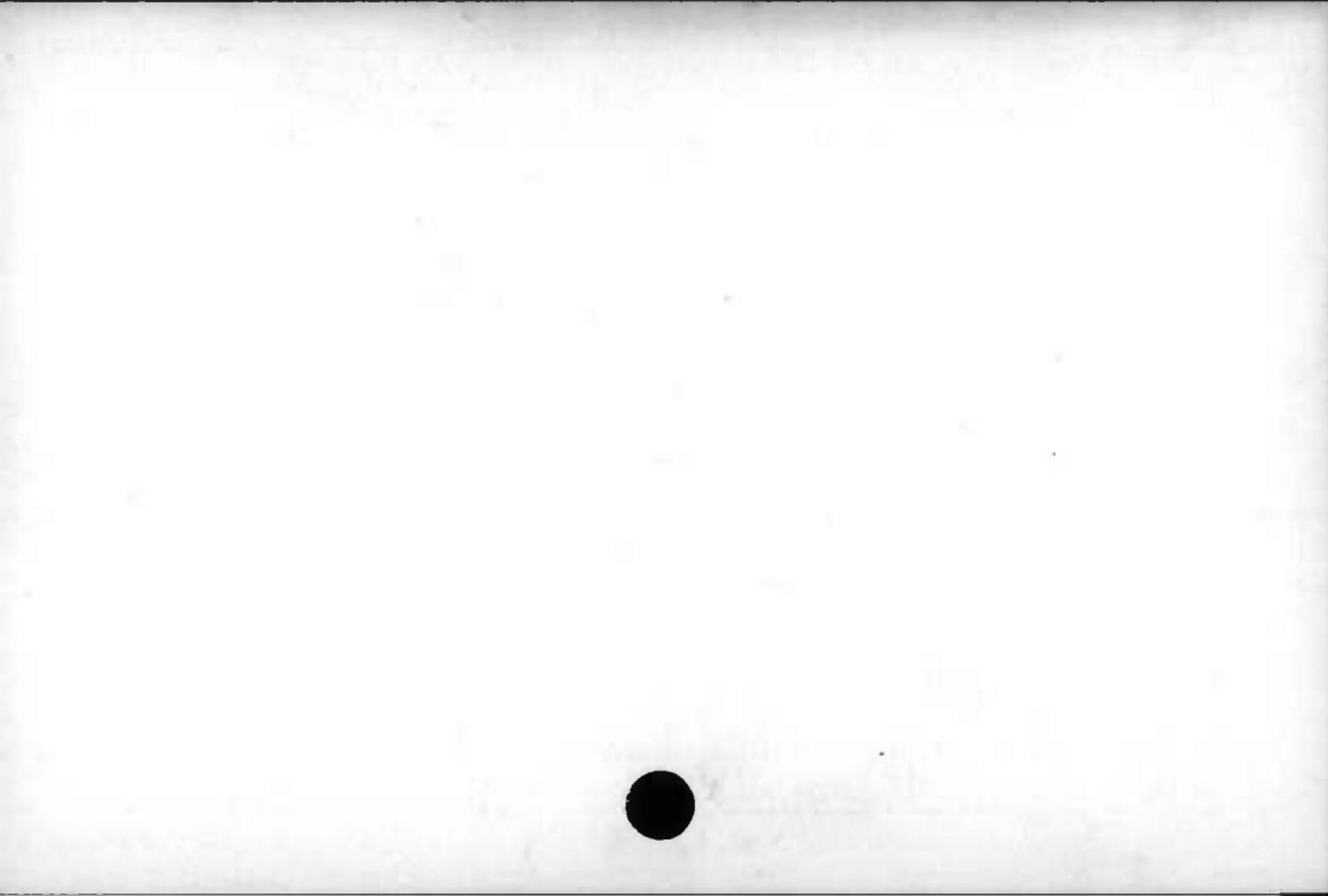
TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Taylor's Island	Dorchester		
Date of death 1907	Month March	Day 10	Years 80
Sex Male	Color or Race White	Birth-place Md.	Days 7
Occupation C. Wool	Where Residing if not at place of death C.		
Married, Single or Widowed Married	Name of Wife or Husband Mary M. Woolford	Father's Birthplace Ind.	
Father's Name Thos. Woolford	Mother's Birthplace	Ind.	
Mother's Maiden Name unknown	Mother's Birthplace	Ind.	
Name of person giving information Wm. W. Woolford	How related to deceased Son		

CAUSES OF DEATH

120

Primary Chronic Parenchymatous Nephritis - 2 yrs	How long
Immediate Cardiac Failure	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address
Accident or Suicide?	✓



Name
in
Full

Thomas E. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town <u>Cambridge</u>	County <u>Dorchester</u>	MARYLAND					
Died at	Date of death 1907 Mar.	Month Mar.	Day 12	Age 71	Years	Months 3	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Maryland</u>					
Occupation <u>Merchant</u>	Where Residing if not at place of death <u>Cambridge "</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sallie E. Wright</u>						
Father's Name <u>Jeremiah E. Wright</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Sarah Gates</u>	Mother's Birthplace <u>"</u>						
Name of person giving Information <u>Mr Maggie Bowdle</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

27

How long

Four years

How long

Since June last

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

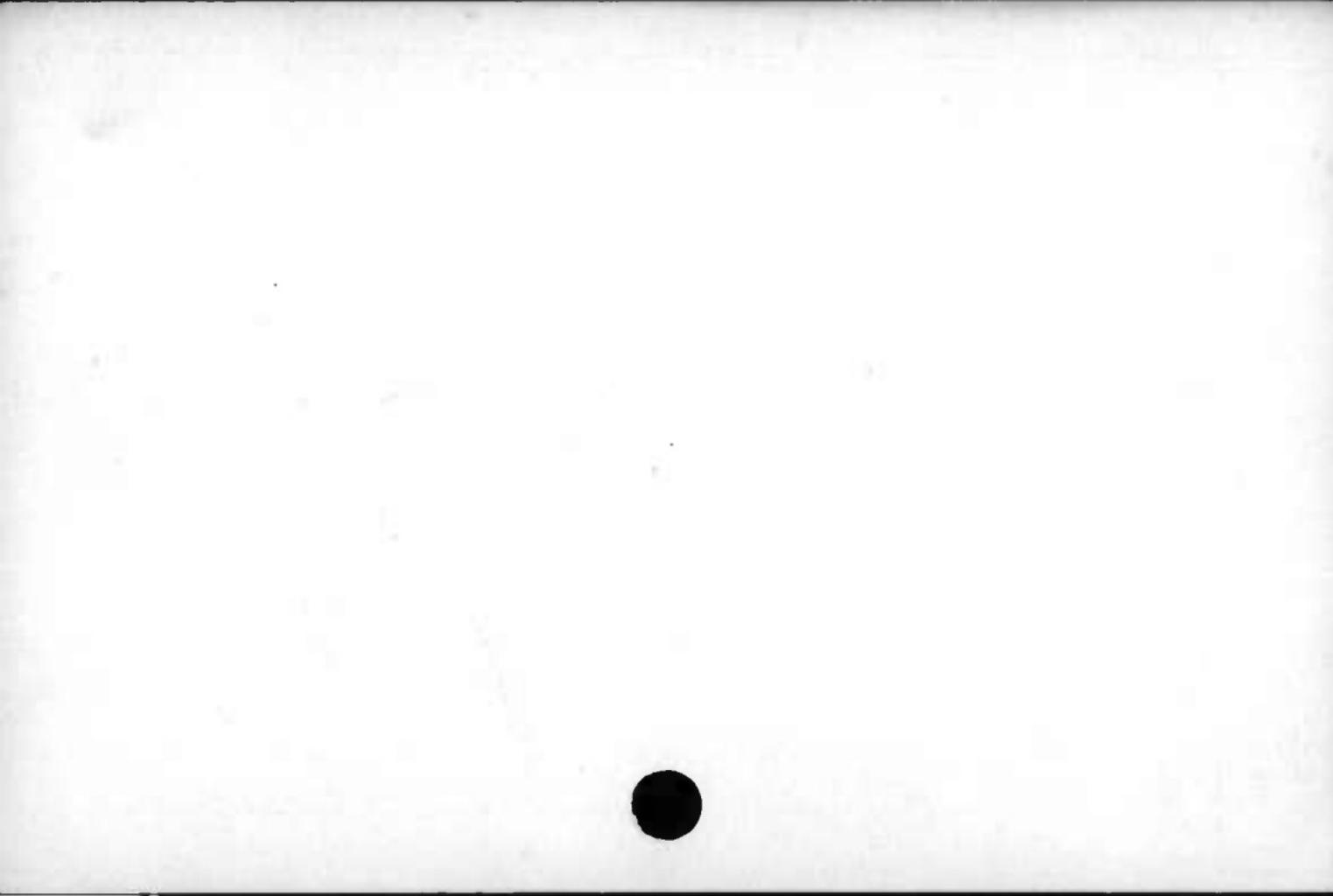
yes

Signature of
Physician

Address

Dr. Phis in 18 W. Market,
Cambridge
Md.

Accident or Suicide?

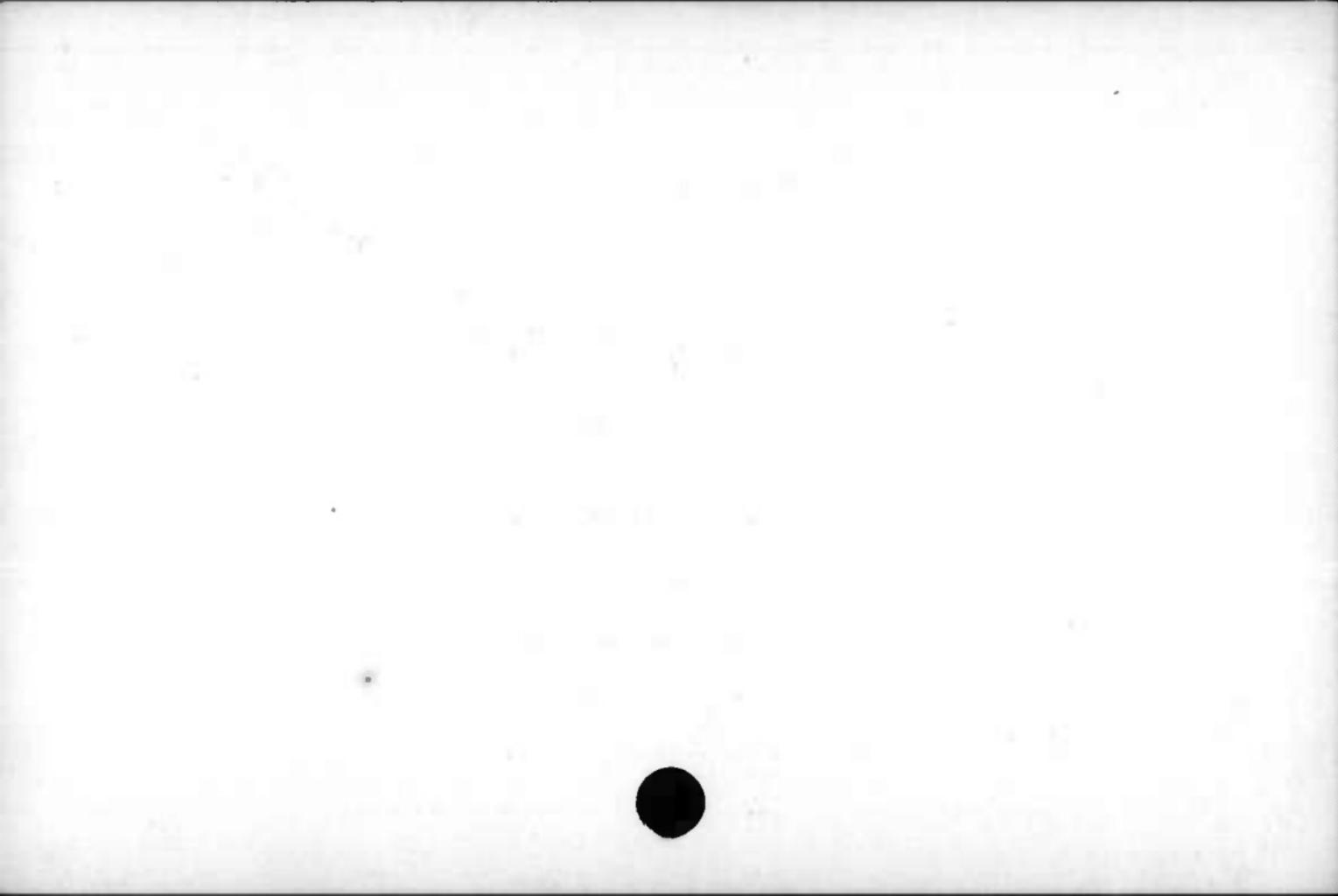


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Carl Wotan					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1907	Month March	Day 22	Years	Months	Days	
Age	6						
Sex	Male	Color or Race	white	Birth-place		Dorchester Co.	
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Joseph Howard Wotan			Father's Birthplace		Dorchester Co	
Mother's Maiden Name	Effie A. Brighton			Mother's Birthplace		Dorchester Co	
Name of person giving Information	J. Howard Wotan			How related to deceased		Father	
CAUSES OF DEATH							
Primary	Measles 6			How long		2 week	
Immediate	Broncho Pneumonia 6			How long		2 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	W.H. Huntington M.D.		
Yes				Address	Fishing Creek		
Accident or Suicide?							



Name
in
Full

Jeremiah Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Age	85		
Sex	Male	Color or Race	Black
Occupation	Where Residing if not at place of death		
Married Single or Widowed	Name of Wife or Husband	Church Creek Md	
Father's Name	Dont Know		
Mother's Maiden Name	Dont Know		
Name of person giving information	Minnie Moore Daughter		

CAUSES OF DEATH

Primary

Probably Brights

179

How long

Dont Know

Immediate

Auricular Probably

How long

Shoot while

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

